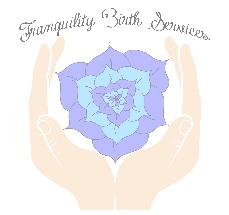
 HIPAA Disclosures 

Please take a moment to read about your rights under the Health Insurance Portability and Accountability Act (HIPAA) and affirm the following authorizations for disclosure of protected health information (PHI): Tranquility Birth Services, LLC may use or disclose your PHI to carry out treatment, payment, or healthcare operations (TPO) related to your care.  Examples would be: medical consultations, referrals, or transfer of care, labor ultrasound orders, and insurance claims on your behalf.

You have the right to:

* Request access to your health record at any time
* Request corrections be made to your health record
* Request that all communications regarding your care with Tranquility Birth Services, LLC be restricted from unsecure transmissions (fax, email, voice mail)
* Complain about a perceived violation of your privacy to us, our licensing board, our certification board, or the US Office for Civil Rights
* Refuse any of the following authorizations:

I agree to allow students and apprentices of Tranquility Birth Services, LLC who are involved in my care to use my records, with my name removed, as verification of skills with the North American Registry of Midwives. Yes No

I agree to allow Tranquility Birth Services, LLC to discuss my treatment and care with colleagues as part of professional peer review. Yes No

I agree to allow a photo my baby or me to be posted on the Tranquility Birth Services, LLC Facebook page with personal identifiers that may include my baby’s name and birth weight.

Yes No

I agree to allow Tranquility Birth Services, LLC to use photos that I share with them for education in presentations about midwifery and home birth. Yes No

Tranquility Birth Services, LLC has my permission to disclose my protected health information to the following family members or friends:

Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_