



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pump with Purpose, LLC is committed to protecting your privacy. This Privacy Policy describes the personal information we collect, and how we collect it, and how we are authorized to use and disclose that information. The terms “we,” “us,” and “our” refers to Pump with Purpose, LLC. The terms “user,” “you,” and “your” refers to you, the patient, and/or your authorized representative(s). The term “personal information” is defined as information that you voluntarily provide to us that personally identifies you, including your contact information, such as your name, phone number, email address, and employment information. Your “personal health information” includes a record of your treatment, including correspondence between the user and us, notes regarding treatment, and insurance information.

Use of Pump with Purpose, LLC services., including all material presented herein and all in-person and online services provided by Pump with Purpose, LLC. are is subject to the following Privacy Policy.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from me/us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to a of the records of your care generated by this lactation care practice. This Notice will tell you about the ways in which We may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. When your “Authorization” is required, it must be obtained in written form and must specify the nature of the information to be disclosed, the type of persons authorized to disclose such information, to whom the information may be disclosed and the specific purposes for which the information may be used both at the time of the

disclosure and at any time in the future. You have the right to revoke any Authorization you have given at any time in writing. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We may change the terms of this Notice. Any changes to this Notice will be provided to you in writing and shall apply to any information we have about you. The new current Notice will be available upon request, at our offices, and on our website.

II. EXAMPLES OF HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will provide some examples. Not every use or disclosure in a category will be listed. However, all of the general categories for which we are permitted to use and disclose information is contained in this Notice.

1. For Treatment, Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the client to use or disclose the client’s personal health information without the client’s written authorization, to carry out the health care provider’s own treatment, payment, or health care operations. Examples include, but are not limited to, the following:

- a. Treatment. We may disclose your personal health information if we consulted with another licensed health care provider about your condition. In such a case, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

These Disclosures for treatment purposes are not limited to the minimum necessary standard because lactation professionals and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

- b. Payment. We may use and share your protected health information to bill and get payment from health plans or other entities. For example, we may give information about you to your health insurance plan so that it will pay for your services. Disclosures to a third-party payor shall be limited to administrative information, diagnostic information, the reason for continuing treatment, and a prognosis limited to the estimated time during which treatment might continue.

- c. Health Care Operations. We may use and disclose your protected health information to contact you to remind you that you have an appointment with us. We may also use and disclose your protected health information to tell you about treatment alternatives, or other health care services or benefits that we offer.

2. Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information in

response to a subpoena, discovery request, or other lawful process. We will make reasonable efforts to tell you about the request and/or to obtain an order protecting the information requested. We will charge for all time and expenses incurred by us in response to any information requested as part of a lawsuit or dispute. The party making the request will be responsible for payment.

III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION OR CONSENT

1. Session Notes. We do keep “session notes,” and any use or disclosure of such notes requires your Authorization, unless the use or disclosure is:

- a. For our use in treating you.
- b. For our use in training or supervising other lactation professionals to help them improve their skills in counseling.
- c. For our use in defending Pump with Purpose, LLC and/or our staff in legal proceedings.
- d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- e. Required by state or federal law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain public health oversight activities pertaining, including, but not limited to, audits, investigations, inspections; licensure, concerning to the originator of the notes.
- g. Required by a coroner or medical examiner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. While we may not use or disclose your protected health information for marketing purposes with your authorization, our policy is that we will not use or disclose your protected health information for marketing purposes.

3. Sale of protected health information. While we may sell your protected health information with your authorization, our policy is that we will not sell your protected health information in the regular course of our business.

4. Directories. We will not include your protected health information in a directory for disclosure to any outside organization without giving you the opportunity to object.

5. Disclosures to family, friends, or others. We may only provide your protected health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care with your consent. The opportunity to consent may be obtained retroactively in emergency situations.

6. Making Recordings or Allow Others to Observe Sessions. We may only record a session and/or allow another individual to observe a session with your consent.

7. Disclosure to Other Health Professionals. We may only share with another mental health professional that is also providing services to you that a counseling relationship exists between you and Pump with Purpose, LLC and its staff with your consent.

IV. CERTAIN USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your protected health information without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with it and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
3. For public health oversight activities, including audits; civil, administrative, or criminal and investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; and other activities necessary for the oversight of the health care system, government benefit programs, regulatory compliance, or civil rights law compliance.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises and/or for which we are made aware of while in an online session.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the lactation health of patients who received one form of counseling versus those who received another form of counseling for the same condition. When sharing data for training, research or publication purposes, we must disguise your identity.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. To comply with workers' compensation laws, although our preference is to obtain an Authorization from you.
10. For Treatment, Payment, or Health Care Operations. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party,

consultations between health care providers and referrals of a patient for health care from one health care provider to another.

11. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. DISCLOSURES SUBJECT TO OUR PROFESSIONAL JUDGMENT

Even when you have given Authorization for use or disclosure of your protected health information, we may refuse or limit disclosure when we believe such refusal or limitation is necessary to protect you or another person from a substantial risk of imminent and serious physical harm. If we refuse or limit disclosure, we will notify you in writing of the refusal or limitation on disclosure, our reasons for the refusal or limitation, and your opportunity to seek review of it by an independent lactation professional.

VI. RIGHTS YOU HAVE WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION.

1. The right to request limits on uses and disclosures of your protected health information. You have the right to ask me us not to use or disclose certain protected health information for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care.
2. The right to request restrictions for out-of-pocket expenses plaid for in full . You have the right to request restrictions on disclosures of your protected health information to health plans and insurance providers for payment or health care operations purposes if the protected health information pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The right to choose how we send protected health information to you. You have the right to ask me us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we agree to all reasonable requests.
4. The right to see and get copies of your protected health information. Other than “notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request., and we may charge a reasonable, cost- based fee for doing so.
5. The right to get a list of the disclosures we have made. You have the right to request a list of instances in which we have disclosed your protected health information for purposes other than treatment, payment, or health care operations, and certain other disclosures (such as any

you asked us to make). We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. Each calendar year, we will provide the list to you once at no charge., but if you make more than one request in the same year, we will charge you a reasonable cost- based fee for each additional request.

6. The Right to correct or update your protected health information. If you believe that there is a mistake in your protected health information, or that a piece of important information is missing from your protected health information, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The right to get a paper or electronic copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. The right to file a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 5, 2021

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box and/or signing this document, you are acknowledging that you have read this document and acknowledge receiving a copy of HIPAA this Notice, which provides a summary of your rights under HIPAA and our Privacy Practices. Uses and disclosures not described in this Notice will be made only with your written authorization.

Date _____ Signature: _____

Print Name: _____