Notice of Privacy Practices

This notice describes how medical information about you may be used and shared, and how you can get access to the information. Please read it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) specifically protects data that could be used to identify you or your baby as the people associated with that health information. This data includes things like name, date of birth, address, phone number, email address, and demographic data. HIPAA protects you whether the information is shared through oral, written, or recorded means (if you leave information on our voicemail, for example).

Your Personal Health Information

**Milk donors:** We collect personal health information from you during our intake process, from healthcare providers and blood and tissue laboratories, and through other means, as needed to complete our screening.

**Milk recipients:** We collect personal health information during the processes of registering, setting up an account, ordering milk, communicating with healthcare providers, and through other means, as needed to provide you with donor milk.

Any protected health information may be used in connection with our service to you, health care operations, milk processing, donor screening (for milk donors), or payment of your account (milk recipients). It is expected that any organization with which we share information is also HIPAA compliant, ensuring the security of your information.

Specifically, we may use or share medical information about you in the following ways:

- Healthcare providers may request information about you in order to meet our needs. For example, a doctor’s office may ask us to confirm a birth date to verify your identity or your baby’s. For milk recipients, your baby’s pediatrician may request information on how much milk has been supplied to your baby.
- Certifying, licensing, or accrediting organizations may request information on our donors or recipients in order to be sure we are complying with various standards. For example, an official from the Human Milk Banking Association of North America may review a donor file to make sure we meet their screening guidelines.
• Our staff may need to review your medical information in order to process your screening materials or your milk order, set up milk donor blood work, or educate our staff.

• If you send us pictures of your baby or family, we may display them in our office, on our website, or through social media. This will be done without any identifying information, unless you specifically give your permission to identify you or your child.

• We may provide your information to our business associates so that they can perform certain functions or services on our behalf. These associates may include medical practices, blood and tissue laboratories, in-home blood draw services, shipping companies, or couriers. We will provide only the basic information required for the associate to perform the job required.

• We will disclose medical information about you if required to do so by federal, state, or local law.

• We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or that of another person or the public.

• We may disclose medical information about you for public health activities. These activities may include the prevention or control of disease, reporting of donor milk recipients, or reporting laboratory test results.

• We may share information with researchers. Their research proposals must have been approved by an institutional review board, and they must include established protocols to ensure the privacy of your health information. Identifying information will be removed from data provided whenever possible.

• For milk donors, we may contact you to update you on our screening, keep the information in our file current, or see if your status has changed. If we try to contact you by telephone and you are not available, we may leave a message on your voicemail or with whoever answers the phone (we will not share medical information in either case).

• For milk recipients, we may discuss your medical information with your health insurer to verify eligibility for benefits, obtain prior authorization, or bill and receive payment for the services you receive from us.

We keep your personal health information private using the following methods:

• Your personal health information is kept in individual files in our office. The office is unlocked during the day when staff is present, but locked at all other times. Staff and volunteers who access files are trained in issues of confidentiality and privacy.

• Publications coming from our office will contain no personal health information without your explicit consent.

• If someone outside MMBNE requests information from your medical record for a legitimate reason, this will be documented in your file.

• Personnel trained in confidentiality and privacy issues access electronic records only through MMBNE’s secure office computers, or via secure remote desktop.

• All MMBNE staff and volunteers are aware of their responsibilities under HIPAA, and make sure no conversations that include protected information are overheard by others.
• Milk containers with personal identifiers (like baby's name) on them will be accessed only by staff and volunteers who have been HIPAA-trained. These identifiers are removed or crossed out before containers are thrown away.

Your Rights Under This Notice

You have the right to:

a) request inspection or a copy of your record
b) change or update the information contained in your record
c) ask when and with whom we have shared your health information
d) request restrictions of access to your records (we will say “yes” unless a law requires us to share that information).

Please make any of these requests in writing, and send them to:

Jane Norris, HIPAA Compliance Officer
Mothers’ Milk Bank Northeast
377 Elliot Street
Newton Upper Falls, MA 02464
Jane@milkbankne.org
phone: 617-527-6263 x 302
fax: 617-527-1005

If you have questions or comments about this Notice, you can contact us using the information given above.

If you feel we have violated your rights, you can complain to our office by contacting us using the information given above.

You can 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 https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

We will not retaliate against you for filing a complaint.