Mothers' Milk Bank Northeast
Share the Health

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 Protected Health Information (PHI) such as your 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). We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, follow the terms of the Notice currently in effect, and notify you if a breach of unsecured protected health information occurs.

Your Personal Health Information

We may use and disclose your PHI for treatment, payment, and healthcare operations without your explicit written authorization. Below are examples of these and other legally permitted disclosures:

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. Staff and volunteers access electronic records through secure systems to process your materials, set up donor blood work, or educate our staff.

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. We may discuss your PHI with your health insurer to verify eligibility, obtain prior authorization, or bill and receive payment for services. Your baby's pediatrician or a hospital medical practice may request information on how much milk has been supplied to verify identity and coordinate care.

We may provide your information to third-party business associates who perform functions or services on our behalf (e.g., blood and tissue laboratories, in-home blood draw services, shipping companies, or couriers). We provide only the minimum necessary information required for them to perform the job, and they are contractually required to safeguard your PHI.

We will disclose your PHI when required to do so by federal, state, or local law.

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 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).

We keep your protected health information private using appropriate administrative, physical, and technical safeguards designed to protect its confidentiality and security.

Your protected health information is maintained in secure electronic systems and, where applicable, in paper records. Access is limited to authorized staff and volunteers who require the information to perform their responsibilities and who are trained in HIPAA privacy and confidentiality requirements.

Publications coming from our office will not contain your protected health information without your written authorization, unless otherwise permitted or required by law.

If someone outside MMBNE requests information from your medical record as permitted or required by law, we will document the disclosure as appropriate.

Staff and volunteers access electronic records only through authorized, secure systems.

All MMBNE staff and volunteers are trained in their responsibilities under HIPAA and take reasonable steps to ensure that protected health information is not disclosed to unauthorized individuals.

Milk containers bearing personal identifiers (such as a baby's name) are handled only by authorized, HIPAA-trained staff and volunteers. Personal identifiers are removed or permanently obscured before the containers are discarded.

Your Rights Under This Notice

You have the following rights regarding the health information we maintain about you:

Right to inspect and copy: You have the right to inspect and obtain an electronic or paper copy of your medical and billing records. You must submit your request in writing. We may charge a reasonable, cost-based fee for copying and mailing.

Right to Request an Amendment: If you feel the PHI we have about you is incorrect or incomplete, you have the right to request an amendment. Your request must be made in writing and provide a reason supporting the change. We may deny your request if the information was not created by us or is already accurate and complete, but we will notify you in writing of our decision.

Right to an Accounting of Disclosures: You have the right to request a list (accounting) of certain disclosures we have made of your PHI for purposes other than treatment, payment, or healthcare operations, or those made directly to you or authorized by you.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you. While we are not required to agree to every request, we **must** agree if you request that we not disclose PHI to a health plan for payment or healthcare operations purposes, and the PHI pertains solely to a health care item or service for which you have paid out-of-pocket in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only by mobile phone or to a specific mailing address). We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

To file a complaint or exercise your rights with MMBNE, submit a written request to:

Lazaro Garcia, HIPAA Compliance Officer
Mothers' Milk Bank Northeast
377 Elliot Street
Newton Upper Falls, MA 02464

Email: laz@milkbankne.org
Phone: 212-993-1566
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 privacy rights, you can file a complaint 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.

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. The current Notice will be available upon request and posted on our website.