



# Notice of Privacy Practices

Allen Midwifery & Family Wellness

Effective Date: 06/30/2025

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## Your Privacy Matters to Us

This notice describes how your health information may be used and disclosed, and how you can access your information. Please read it carefully.

We are committed to protecting your privacy and the confidentiality of your health information, as required by the Health Insurance Portability and Accountability Act (HIPAA).

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## How We May Use and Share Your Health Information

We may use or disclose your health information for the following purposes:

### 1. Treatment

To provide, coordinate, and manage your care. For example, we may consult with another provider, refer you to a specialist, or share lab results with your hospital team.

### 2. Payment

To bill and receive payment for your care. This may include sharing information with your insurance company or billing partner, GM Billing & Recovery Solutions.



### 3. Healthcare Operations

For activities that support the quality and safety of our practice, including case reviews, audits, training, and licensing requirements.

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## Additional Uses and Disclosures

We may also share your information in certain situations, including:

- As required by law (e.g., public health reporting, court orders, child abuse reporting)
- For health oversight activities (e.g., audits, inspections, investigations)
- In emergencies where you or others may be at risk
- With your permission, for release of records to schools, employers, or others outside your care team

We will never sell your information or use it for marketing without your written permission.

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## Your Rights

You have the right to:

- Request a copy of your medical record in paper or electronic format
- Request corrections to your record if you believe something is inaccurate



- Request limits on how your information is used or shared (we will honor when legally possible)
- Choose how we contact you (e.g., home phone, cell, email)
- Receive a list of disclosures we've made outside of treatment, payment, or operations
- Withdraw your permission for certain uses, if previously granted

To exercise any of these rights, please submit your request in writing to our office.

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## Our Responsibilities

- We are required by law to protect your health information and provide you with this notice.
  - We will notify you promptly if a breach of your health information occurs.
  - We will not share your information for purposes not listed here without your written consent.
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## Changes to This Notice

We reserve the right to update this Notice of Privacy Practices at any time. You will be provided with an updated version if significant changes are made.

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## Questions or Concerns

If you have questions, concerns, or believe your privacy rights have been violated, please contact:

Allen Midwifery & Family Wellness

P: 214-495-9911 | f: 214-495-9918

info@allenmidwifery.com

406 W Main St

Allen, TX, 75013

You may also file a complaint with the U.S. Department of Health & Human Services. We will never retaliate against you for filing a complaint.

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## Acknowledgment of Receipt

You will be asked to acknowledge that you have received this notice during your intake.