

# North American Registry of Midwives Authorization for Release of Medical Records

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I hereby authorize:

(midwife's or doctor's name) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Phone) \_\_\_\_\_

to release to:

North American Registry of Midwives Accountability Committee  
P.O. Box 128, Bristol, VT, 05443

any and all information regarding my health and care rendered.

This authorization includes the release of mental health records and drug and alcohol treatment records if included in my medical record.

\_\_\_\_\_  
(Signature)

This authorization includes the release of HIV related and AIDS related information and test results if included in my medical record.

\_\_\_\_\_  
(Signature)

I understand that these records will be used in NARM's Peer Review and/or Grievance Mechanism. I understand that this consent may be revoked by me (in writing) at any time. A photocopy of this instrument may be used instead of the original.

Print Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

# North American Registry of Midwives Privacy Notice

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## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It explains specific ways we may share your medical and/or Protected Health Information (PHI). Your records will be used for peer review as required by NARM (North American Registry of Midwives). Although we make every effort to communicate with discretion and confidentiality, we acknowledge that some electronic communication via fax, phone, text, email, or voicemail may be unencrypted and may not be secure. Please indicate your preferences below. By initiating communication with us in any of these formats, you are consenting to the unencrypted transmission of your PHI.

You have the right to refuse any of the following authorizations:

I agree to allow NARM to discuss my treatment and care with midwives as part of professional peer review. For the purpose of the confidential peer review of my complaint, the midwives participating in professional peer review will have access to the records of my care.

Yes    No

I agree to allow NARM to communicate with me via potentially unsecured communications such as via fax, phone, text, email or voicemail.

Yes    No

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

## Your Rights

You have the right to:

- Receive a list of those with whom we've shared information.
- Ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Receive a copy of this privacy notice.
- Request for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- File a complaint if you feel your rights are violated.
- You may contact us and complain if you feel we have violated your rights.
- 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, through our office, and on our web site.

## **Other Instructions for Notice**

This notice is effective as of 6-1-2014. NARM Privacy director is Shannon Anton. You may contact Shannon at [accountability@narm.org](mailto:accountability@narm.org) or by direct mail at PO Box 128, Bristol, VT 05443. We never market or sell personal information.