

NARM Initial Complaint, Confidentiality Agreement, and Records Release Forms

Following are all forms necessary to file a complaint with NARM against a CPM or CPM candidate.

Please complete them fully and include a Records Release Form *for each* midwife and/or doctor who has records for the care you received related to this complaint.

If possible, please submit all three forms together. If you choose to submit them one at a time, understand the three forms must be received by NARM within a two week time period, or the complaint will be closed.

Please submit the forms to:

North American Registry of Midwives Accountability Committee
Director of Accountability
888-842-4784 (phone/fax)
accountability@narm.org

NARM will not begin the processes of Complaint Review or Grievance Mechanism with a CPM or applicant who is also facing regulatory investigation or civil or criminal litigation related to midwifery care. If a CPM faces such regulatory investigation or civil or criminal litigation, the timeline for receiving complaints is extended. In order to proceed with the Complaint Review or Grievance Mechanism processes, NARM must receive a formal complaint against the CPM within one year of the conclusion of regulatory investigation or litigation.

NARM Initial Complaint Form, Page 1 of 2

This form must be filled out completely in black ink (legibly please) or typed.

I am the client for whom care was given by a CPM or CPM candidate, and I am willing to complete the following Records Release Form, Confidentiality Agreement, and participate in the complaint process.

☐ Yes ☐ No

My full name _____

Preferred name _____

Email address _____

Phone number _____

Street address _____

City _____ State/Province _____

Postal Code _____ Country _____

Please state the nature of the complaint beside the name of each CPM or CPM Candidate in a Short Summary Statement of five words or less (examples: negligent care; incompetent care; violation of HIPAA; did not practice informed consent; did not practice standard of care; was unprofessional; was unethical; etc.) below each care provider involved in your complaint. You will be given room to write a more extensive story of the entire situation in another area.

Full name of first CPM or CPM Candidate _____

Short Summary Statement _____

Full name of second CPM or CPM Candidate _____

Short Summary Statement _____

Full name of third CPM or CPM Candidate _____

Short Summary Statement _____

(Attach an additional form if more than three CPMs or CPM Candidates are involved.)

What was the approximate first date of care with provider(s) _____

What was the last date of care with provider(s) _____

Please provide a full description of the details supporting your complaint. You may attach additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

With my signature below, ***I verify*** that I am currently unaware of any regulatory investigation, or civil or criminal litigation related to midwifery care against the midwife or midwives involved with my complaint.

I submit that all the statements above are accurate and honest—

(Signature)

NARM Confidentiality Agreement for Complaint Review, Page 1 of 3

Your Information

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 Protected Health Information (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:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

NARM Confidentiality Agreement for Complaint Review, Page 2 of 3

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.

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 7-6-2018.

Please direct all questions to NARM Information at 888-842-4784 ext. 1 or email accountability@narm.org.

We never market or sell personal information.

Confidentiality Agreement

All participants of a Complaint Review or Grievance are required to sign a Confidentiality Agreement. However, the complainant is rarely sent any files. Therefore, the aspects of this agreement that reference the security of files may not be applicable to the complainant.

As a participant in NARM's accountability process, NARM may send you case files by email or fax. Since these files contain PHI (protected health information) and are protected by HIPAA (Health Insurance Portability and Accountability Act), participants in the accountability process are expected to abide by the following safeguards:

- Save the files to a computer that logs you off when not in use and requires a password to log you on after periods of inactivity. Do not share that password with anyone.
- If your computer is shared with others, case files should be stored in password-protected files on your computer.
- Use only HIPAA-Compliant file sharing methods. For example, do not save accountability files to Yahoo Groups or Google Drive as they are not HIPAA-Compliant. NARM uses Dropbox for Accountability files, but all files are password protected. When file sharing is necessary, NARM recommends all files containing PHI should be saved as password-protected files and sent via email. Passwords should be sent in a separate email message or by phone or US Mail.
- Share the files only with people authorized by NARM to have access to this information and notify accountability@NARM.org whenever case files are shared with anyone.
- Password protect any files sent to participants in the accountability process, including NARM. File names should not include personally identifiable information.
- Delete all files related to the case from your computer, once the accountability process has been completed and the participants have been informed of the outcome.
- Notify accountability@NARM.org that your case files have been deleted.

NARM Confidentiality Agreement for Complaint Review, Page 3 of 3

- Refer only to the case number, and refrain from including case information (participant names, details of the case, or other sensitive information) in any unencrypted electronic communication, such as in an email or text message.
- Report any HIPAA breaches to accountability@NARM.org.
- To protect the integrity of the NARM Accountability process, it is extremely important to assemble an unbiased Complaint Review or Grievance committee. Therefore, to begin a NARM Accountability process the client will be required to read and sign a Confidentiality Form. Once the midwife is notified of the complaint, the Midwife will also be required to sign a Confidentiality Form. All parties must refrain from discussion or disclosure about the complaint during the process and will not disclose information obtained from the Complaint Review or Grievance. No information about the Complaint or the existence of a Complaint may be shared on social media, with news outlets, or discussed with any other non-participants.

I, _____ (print name), agree to uphold confidentiality regarding all aspects of Complaint Review, concerning the Accountability Case.

I _____ (print name) hereby confirm I have read and understand the general information and format of the Complaint Review.

I agree to destroy all written materials upon completion of this Review.

Upon notification that the accountability process has been completed and/or at the request of NARM's Director of Accountability, I agree to delete all electronic files related to the case.

I affirm that this document has been completed honestly, with the sincere intention of providing fair and impartial consideration of the information presented and will always uphold confidentiality.

Upon receipt of this signed Confidentiality Agreement, NARM Accountability will share confidential case files with you. Additional information about HIPAA can be found at www.hhs.gov/ocr/privacy/index.html

Print Name _____

Signature _____ Date _____

Please submit this Initial Complaint Form, Confidentiality Agreement, and the following Records Release Form(s) to:

North American Registry of Midwives Accountability Committee
Director of Accountability
888-842-4784 (phone/fax)
accountability@narm.org

NARM Authorization for Release of Medical Records

This form must be filled out completely in black ink or typed.

Please fill out and submit a separate form for each care provider involved in the complaint.

I hereby authorize:

Midwife's or Doctor's Name: _____

Address: _____

Phone: _____

Email: _____

to release any and all information regarding my health and care rendered to:

North American Registry of Midwives Accountability Committee
Director of Accountability
888-842-4784 (phone/fax)
accountability@narm.org

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Print Your Name: _____ Birthdate: _____

Address: _____

Phone: _____

Email: _____

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

Signature: _____ Date: _____

Please submit all Records Release Forms to the NARM Accountability Committee contact information above.