

Your Rights

Get an electronic or paper copy of your donor record

- You can ask to see or get an electronic or paper copy of your donor or outpatient record and other health information we have about you or your child.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your donor record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can 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.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer, Summer Kelly, at 560 Bonnie Ln, Elk Grove Village, IL 60007; 847-262-5134; summer@milkbankwgl.org
- 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.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

Our Uses and Disclosures

How do we typically use or share your health information?

- **Run our organization** - We can use and share your health information to run our organization and contact you when necessary. We may share information with your healthcare provider, your baby's healthcare provider, your hospital or clinic staff, your local milk depot, the blood-testing laboratory, or others. For example:
 - We notify your primary healthcare provider (PCP) and your baby's PCP that you intend to donate milk

- We may send your blood test results to your PCP
- We may be asked to verify your identity, by providing your date-of-birth (or other identifier), when we communicate with staff at your PCP's office, your hospital, or the laboratory
- If you drop your milk off at a milk depot, you will be asked to provide your name and donor number to the milk depot volunteers
- If your milk is stored in the hospital freezer, we may contact the hospital nursing or lactation staff
- **Bill for services (receiving donor milk)** - We can use and share your health information to bill and get payment from health plans or other entities.
 - We provide information to your insurance company if they contact us about a donor milk claim
 - We may submit a claim or request for reimbursement for donor milk dispensed to your child
- **Education and marketing** - We may contact you via mail, email, or telephone to update you about:
 - Our growth, progress, and fulfillment of our mission
 - Community events like our annual Race to Save Tiny Lives
 - Fundraising events like our end-of-year giving campaign
 - **You may opt out of our newsletter/marketing list at any time**
 - **We DO NOT sell or share your information to any third party companies or organizations for marketing or fundraising purposes**

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/hipaa/index.html>.
- Help with public health and safety issues - We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Address law enforcement and other government requests - We can use or share health information about you:
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
- Respond to lawsuits and legal actions - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/index.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, in our office, and on our website.