HEALTHY BABIES, HAPPY MOMS INC.

If you feel your privacy rights or the provisions of this notice of privacy policies have been violated, you have the right to file a formal written complaint. You may submit your complaint to us by using the Privacy Officer information listed below. You also may submit a written compliant to the United States Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Officer: Shelley Renzi
4512 Post Road
East Greenwich, Rhode Island 02818

CONSENT FOR SERVICES AND HIPAA PRIVACY DISCLOSURE

I. Description of Sleep Consult Services

A sleep consult consists of an initial phone call, video or in person consultation that usually takes at least an hour. During this time, the nurse will ask you detailed questions regarding how your baby is fed, where your baby sleeps and how much, your baby's detailed medical and birth history, your family, work and childcare situation, and what your biggest concerns are. The nurse will explain to you what is developmentally appropriate for your baby at his/her age, and then come up with a plan to help your baby sleep in a way and an amount that is developmentally appropriate. This plan will be mutually agreed upon by you and the nurse. You are encouraged to let the nurse know what you feel will and will not work for your baby/family. She is committed to developing a plan that works for your family. She will follow up with you regularly (daily at first) until the baby is sleeping the way you want him/her to. Her services will be available to you until your baby is 27 months old. You are encouraged to call her with any challenges as they arise. The nurse will not communicate with you via email, text or the patient portal. You will need to have a conversation. If the nurse does not hear from you, she will assume that all is well and that your baby is sleeping the way you want him/her to.

I give permission for the nurse to perform all of the above tasks and to provide the necessary services for my infant's sleeping situation.

II. Client Medical Care

I understand that all medical care is to be provided only by my baby's physician(s). I give my permission for information about this and all additional consultations to be sent to my baby's doctor, or any doctor that the nurse refers our family to, including a medical sleep specialist.

III. Client Payment for Services

I understand that payment is due at the time services are rendered.

IV. Client Permission

I give my permission for information from this consultation/visit to be used to further the knowledge of infant sleep. I understand that no specific names will be publicly used.

V. Client Right to Refuse

I understand that I have the right to refuse any or all specific techniques suggested and/or all recommended actions. HBHM Inc. will provide names of other qualified providers of infant sleep support services at your request or if the nurse feels that you would be better served by another opinion.

VI. Refund Policy

As sleep consults are very labor intensive, especially at the beginning, the vast majority of your fee is used within the first week. Very rarely, our nurse is unable to help a family and will refer them to a medical specialist. This occurs when there is no improvement in the child's sleep within a week or two, and/or if the family is unwilling to follow the nurses' recommendations. HBHM Inc. does not provide a refund for sleep consults once the services begin, but our nurse will remain committed to making sure you get the help you need and will work with you to facilitate that.

VII. Client HIPAA Privacy Rights

THIS HIPAA DISCLOSURE NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), requires that all personal health and medical records and other individually identifiable health information of which we have knowledge must be kept confidential. We are required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We may revise this notice at any time. You will be notified in writing, and a copy of the revised policy will be made available at your request.

By signing that you received this document, you authorize us to use and disclose your personal health information only for the following purposes, as defined under the Act:

- Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- Payment: We may use and disclose your health information in obtaining reimbursement for the provision of health care, determination of eligibility or coverage, billing, claims management, collection activities, justifications of charges and discloser to consumer reporting agencies.
- Health Care Operations: We may use and disclose your health information in connection with our healthcare operations, including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We may, without prior consent use or disclose your personal health information to carry out treatment, payment or healthcare operations the following circumstances:

- At your direct request;
- In an emergency situation;
- To notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death;
- When required to do so by law;
- To provide you with appointment reminders (such as voicemail messages, postcards, or letters).

Under HIPAA, you have the following rights with respect to your protected health information:

- You have the right to request restrictions on certain uses and disclosures of protected health information, including to whom information is disclosed. We are, however, not required to agree with a requested restriction.
- You have the right to receive confidential communication of your protected health information, either directly from us or from us or by alternative means
- You have the right to receive an accounting of disclosures of your protected health information made by us in the last six years but not before January 1, 2004, and;
- You have the right to obtain a paper copy of this notice from us.

I have received and read the above Client Consent and HIPAA Disclosure Form.

____________________________________ _______________________________

Signature Date

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Name