

Letter of Understanding Describing Birth Companion Services and Limitations

What is a Birth Companion?

A birth companion assists a pregnant person (the client) to have a satisfying birth experience. Birth Companions are educated for this role by a trainer certified with the DONA International and through coursework at The Johns Hopkins University School of Nursing. Birth Companions draw on this knowledge and experience to provide emotional support, physical comfort, and information that clients often need during pregnancy, labor, delivery and postpartum. Birth Companions provide reassurance and perspective to the client and their support person(s), make suggestions for labor progress, and help with relaxation, massage, positioning, and other techniques for comfort.

Birth Companions work only at the client's request. They are not employees of the medical staff or the hospital.

Birth Companions prefer to meet with the client (and their support person) at least once before labor to become acquainted, to explore and discuss priorities, fears, and concerns, and to plan how they might work best together. With you, the Birth Companion can help to develop a personal Birth Plan, including your preferences regarding pain management options and the use of pain medications, your own best ways of coping with pain and fatigue, and how you (and your support person) foresee working together.

The Birth Companion and you may also decide on other meetings and will certainly want to remain in touch by telephone. Birth Companions will inform you of times when they are available for labor support. Since all Birth Companions are enrolled in school full time, they may be unavailable due to class, clinicals or exams. If your Birth Companion(s) is unavailable to be present at the birth, a back-up Birth Companion may be assigned, if you wish. However, you should know that there may be times when we cannot provide support.

When you are in labor:

The Birth Companions prefer that you call when you think you are in labor, even if you do not yet need help. This call alerts the Birth Companion that s/he may need to be available soon. Birth Companions typically need approximately one hour to get to the hospital/birth center.

What Birth Companions *do not* do:

Birth Companions do not perform clinical tasks, such as blood pressure, fetal heart checks, vaginal exams, or administer medications. They are there to provide only physical comfort, emotional support, and advocacy. Birth Companions do not make decisions for you, but they will help you get the information necessary to make an informed decision. They will also remind you if there is a departure from your Birth Plan.

Birth Companions do not speak to the clinical staff for you. They will discuss your concerns with you and suggest options, but you and/or your partner will speak on your behalf to the clinical staff.



School of Nursing
Department of Community Public Health
525 N. Wolfe St.
Baltimore MD 21205

Client Copy

Release of Information

I give my permission for this birth report to be released to the Doulas of North America (DONA). If my Birth Companion(s) chooses to become a certified doula(s), I realize that the information will be used for computation and maintenance of DONA certification and not released to any other organizations.

I give my permission for the Johns Hopkins Birth Companions program to record my birth report without my name or identifying information. This information will be used to improve the service provided to our clients and to improve the education for nursing students.

I/We have read this letter describing the Birth Companion's services and agree that it reflects the discussion I/we had with her/him. I/We consent to receive the services describe above.

Client _____ Date _____

Support Person _____ Date _____

Birth Companion _____ Date _____

Birth Companion _____ Date _____



35 E. Wacker Dr., Ste. 850
Chicago, IL 60601-2106
(888) 788-DONA (3662)
www.DONA.org

Client Confidentiality Release Form

Due to current confidentiality regulations all doulas should have a signed release from their client *before* taking any notes about their labor, birth or postpartum. The best way to be fully compliant would be to get this release signature at the first prenatal visit, or upon first meeting and joining the client.

Certification candidates should have this form signed before taking any notes. The client should receive a copy of the signed form, and the doula should have a copy, with them at all times to be able to show that they are indeed complying, with the confidentiality regulations if questioned. **Confidentiality of medical and personal information obtained during the course of the doula's work is of the utmost importance.** Failure to comply with these confidentiality regulations could result in penalties.

I, _____, at _____ (address),
_____ (phone #), give my permission for my doula, _____,

to take notes about me, including personal information I choose to disclose to them, and information regarding my labor, birth and postpartum, as well as any information regarding my child/ren. I understand that this information may be used for the purpose of doula certification or recertification and will be shared with the Certification Committee of DONA International. I realize that this information will be shared with the doula that is providing backup support. I also understand that this information will anonymously be used by the DONA Data Collection Committee for statistical purposes, and that my doula may use this information to provide me with a summary for my own personal use.

Signature: _____ Date: _____

JOHNS HOPKINS INSTITUTIONS

ACKNOWLEDGEMENT OF RECEIPT OF NOTIVE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Johns Hopkins Notice of Privacy Practices.

Patient Name: _____ Birth Date: _____
(first) (m. initial) (last)

Address: _____ Phone #: _____
(street address)

_____ Medical Record #: _____
(city) (state) (zip code) (if known)

Signature of Patient Only: _____ Date: ____/____/____
(Required)

If you are NOT the patient but are signing on behalf of the patient complete the following:

I, _____, confirm that I am the representative for the patient based on the
(insert your name)

following relationship to the patient: _____
(state relationship, for example – parent, spouse, guardian)

Representative's Signature: _____ Date: ____/____/____
(Required)

Address: _____ Phone #: _____
(street)

(city) (state) (zip code)

Notice of Privacy Practices for Health Care Providers

Effective Date: August 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Your Medical Information

Johns Hopkins is committed to protecting the privacy of medical information we create or obtain about you. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to: (i) make sure your medical information is protected, (ii) give you this Notice describing our legal duties and privacy practices with respect to your medical information, and (iii) follow the terms of the Notice that is currently in effect.

Who Will Follow This Notice

The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students and volunteers of the Johns Hopkins organizations specified at the end of this Notice.

How We May Use and Disclose Medical Information About You

The following sections describe different ways we may use and disclose your medical information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories:

Treatment. We may use or disclose medical information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also share medical information about you with other Johns Hopkins personnel or non-Johns Hopkins health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays, or transportation.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at Johns Hopkins or from others, such as an ambulance company, may be billed to you and payment collected from you, an insurance company or another third party. For example, we may need to give information to your health insurance company about surgery you received at Johns Hopkins so your health insurance company will pay or reimburse you for the surgery.

Health care operations. We may use and disclose medical information about you for Johns Hopkins operations. These uses and disclosures are made to enhance quality of care and for medical staff activities, Johns Hopkins health-sciences education and other teaching programs, and general business activities. For example, we may disclose information to doctors, nurses, technicians, medical and other students, and other Johns Hopkins personnel for performance improvement and educational purposes or we may share information with Johns Hopkins corporate security to maintain the safety of our facilities.

Health information exchange. We may share information that we obtain or create about you with other health care providers or other health care entities for treatment, payment and health care operations purposes, as permitted by law, through the Chesapeake Regional Information System for Our Patients, Inc. (CRISP), an Internet-based, Maryland-wide, Maryland-approved health information exchange. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Johns Hopkins primary care physician or hospital, if they participate in CRISP as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. You may opt out of CRISP and prevent providers from being able to search for your information through the exchange. Even if you opt out, a certain amount of your information may be retained by the exchange, and your ordering or referring physicians, if participating in CRISP, may access diagnostic information about you, such as reports of imaging and lab results. Also, your physicians, if participating in CRISP, may still use CRISP's secure messaging services to discuss your care.

Information from your medical records that we obtain or create about you, as permitted by law, also may be shared through CRISP with your health plan or health insurance company for the sole purposes of enhancing or coordinating your care.

You may opt out and prevent your medical information from being searched through CRISP, or prevent the sharing of your information with your health plan

or health insurance company, by contacting CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail or through their website at crisphealth.org. Not all of the Johns Hopkins organizations specified at the end of this Notice participate in CRISP; your Johns Hopkins health care provider can provide information as to whether or not it participates in CRISP.

Fundraising activities. We may contact you to provide information about Johns Hopkins-sponsored activities, including fundraising programs and events to support research, education or patient care at Johns Hopkins. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and the department from which you received treatment or services at Johns Hopkins, your treating physician's name, your treatment outcome and your health insurance status. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an "opt-out."

Hospital directory (hospitals only). If you are hospitalized, we may include certain limited information about you in the hospital directory. If you object to your information being included in the hospital directory, you must tell your caregivers or contact the Privacy Office as explained at the end of this Notice and complete a request to opt out of the hospital directory.

Research and related activities. Johns Hopkins conducts research to improve the health of people throughout the world. All research projects conducted by Johns Hopkins must be approved through a special review process to protect patient safety, welfare and confidentiality. We may use and disclose medical information about our patients for research purposes under specific rules determined by the confidentiality provisions of applicable law. In some instances, federal law allows us to use your medical information for research without your authorization, provided we get approval from a special review board. These studies will not affect your treatment or welfare, and your medical information will continue to be protected.

Additional uses and disclosures of your medical information. We may use or disclose your medical information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:

- To tell you about, or recommend, possible treatment alternatives
- To inform you of benefits or services we may provide
- In the event of a disaster, to organizations assisting in a disaster-relief effort so that your family can be notified of your condition and location
- As required by state and federal law
- To prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person
- To authorized federal officials for intelligence, counterintelligence or other national security activities
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties
- To the military if you are a member of the armed forces and we are authorized or required to do so by law
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses
- To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
- If you are an organ donor, to organizations that handle such organ procurement or transplantation to or to an organ bank, as necessary to help with organ procurement, transplantation or donation
- To governmental, licensing, auditing and accrediting agencies
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law-enforcement officials
- To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services
- Unless you say no, to anyone involved in your care or payment for your care, such as a friend, family member, or any individual you identify for public health purposes
- To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us
- To law enforcement officials as authorized or required by law

Other uses of medical information.

Other uses and disclosures of medical information not covered by this Notice will be made only

with your written authorization. Most uses and disclosures of psychotherapy notes and most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your medical information for these purposes. Additionally, with certain limited exceptions, as of September 23, 2013, we are not allowed to sell or receive anything of value in exchange for your medical information without your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization.

Your Rights Regarding Medical Information About You

The records of your medical information are the property of Johns Hopkins. You have the following rights, however, regarding medical information we maintain about you:

Right to inspect and copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about you. You have the right to request that we send a copy of your medical or billing records to a third party.

You are required to submit your request in writing to your caregiver or the appropriate medical records department. We may charge you a reasonable fee for providing you a copy of your records. We may deny access, under certain circumstances. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Right to request an amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Johns Hopkins in your medical and billing records or any other of our records that are used by us to make decisions about you.

You are required to submit your request in writing to the appropriate office listed at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the medical information (i) was not created by Johns Hopkins (unless the person or entity that created the medical information is no longer available to respond to your request); (ii) is not part of the medical and billing records kept by or for Johns Hopkins; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is determined by us to be accurate and complete.

Right to an accounting of disclosures. You have the right to receive a list of the disclosures we have made of your medical information in the six years prior to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment and health care operations purposes.

You are required to submit your request in writing to the appropriate office listed at the end of this Notice. You must state the time period for which you want to receive the accounting. The first accounting you request in a 12-month period will be free, and we may charge you for additional requests in that same period.

Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

To request a restriction, you must tell your caregivers or contact the Johns Hopkins Privacy Office using the contact information listed at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we inform you that we plan to do so. As of September 23, 2013, if you request that we not disclose certain medical information to your health insurer and that medical information relates to a health care product or service for which we, otherwise, have received payment from you or on your behalf, and in full, then we must agree to that request.

Right to request confidential communications. You have the right to request that we communicate

with you about medical matters in a certain way or at a certain location. If you want us to communicate with you in a special way, you will need to give us details about how to contact you. You also will need to give us information as to how billing will be handled. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to be notified in the event of a breach. We will notify you if your medical information has been "breached," which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to a paper copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Copies of this Notice will be available throughout Johns Hopkins, or by contacting the Privacy Office as explained at the end of this Notice, or you may obtain an electronic copy at the Johns Hopkins website, hopkinsmedicine.org/privacy.

Future Changes To Johns Hopkins' Privacy Practices and This Notice

We reserve the right to change Johns Hopkins' privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the Johns Hopkins website, hopkinsmedicine.org/privacy. In addition, at any time you may request a copy of the Notice currently in effect.

Use of e-mail. If you choose to communicate with us via email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your email. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with use of email, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others, or messages stored on portable electronic devices that have no security.

Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in a medical emergency.

Questions or Complaints

If you believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please contact the appropriate office listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. *You will not be penalized for filing a complaint.*

Sibley Memorial Hospital Privacy Office 5255 Loebgboro Road, NW Washington, DC 20016 Phone: 202-537-4667

Suburban Hospital Privacy Office 8600 Old Georgetown Road Bethesda, MD 20814 Phone: 301-896-3822

All other Johns Hopkins institutions or hospitals: Johns Hopkins Privacy Office 5801 Smith Avenue McAuley Hall, Suite 310 Baltimore, MD 21209 Phone: 410-735-6509 Fax: 410-735-6521 E-mail: hipaa@jhmi.edu

Organizations that will follow this Notice include all Johns Hopkins health care providers providing health care to the public at all of their delivery sites, including, but not limited to:

Johns Hopkins Hospital
 Johns Hopkins Bayview Medical Center
 Howard County General Hospital
 Signature OB/GYN
 Suburban Hospital
 Sibley Memorial Hospital
 Johns Hopkins Community Physicians
 Johns Hopkins Pharmaciep
 Johns Hopkins Home Health Services
 Johns Hopkins Pediatrics at Home
 Ophthalmology Associates
 Johns Hopkins University School of Medicine
 Johns Hopkins University School of Nursing

DISCLAIMER

The Johns Hopkins entities that follow this Notice are affiliated entities. However, each entity is independently responsible for providing medical services to patients in a professional manner and in compliance with applicable privacy laws.