

Omaha Support

Becky Baruth, PLMHP, PMH-C, Professional Postpartum Doula

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Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

Rebecca Baruth, PLMHP, PMH-C, Professional Postpartum Doula
Support Mamas Services, PC DBA Omaha Support
8790 F St, Omaha, NE 68127
402-819-5349

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

Your health record contains personal information about you and your health. This information may identify you and relates to your past, present, or future physical or mental health or condition, the services you receive, or payment for those services. This information is called Protected Health Information (PHI). Some of your information may also be protected by 42 CFR Part 2, a federal law that provides extra confidentiality protections for Substance Use Disorder (SUD) treatment records. When Part 2 applies, I must follow both HIPAA and Part 2.

I am required by law to maintain the privacy of your PHI, give you this Notice, follow the terms of this Notice, and notify you if a breach occurs involving your unsecured PHI.

I may change this Notice at any time. Any revised Notice will apply to all PHI I maintain and will be posted on my website and available upon request.

HOW I MAY USE AND DISCLOSE YOUR INFORMATION

1. Treatment

I may use or disclose your PHI to provide, coordinate, or manage your mental health care. This may include consultation with clinical supervisors or other treatment team members.

I will obtain your written authorization before consulting with outside providers unless permitted by law.

2. Payment

I may use or disclose your PHI to obtain payment for services, such as verifying insurance benefits, submitting claims, or performing utilization review.

If I must use a collection agency, I will disclose only the minimum necessary information.

3. Health Care Operations

I may use or disclose your PHI for activities that support my practice, such as quality improvement, licensing, and administrative functions.

Business associates who assist me must protect your information.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

I will obtain your written authorization for:

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- Most uses and disclosures of psychotherapy notes
- Most uses and disclosures of PHI for marketing
- Any disclosure that constitutes a sale of PHI
- Any use or disclosure not described in this Notice

You may revoke an authorization at any time, except to the extent I have already acted on it.

USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW WITHOUT AUTHORIZATION

I may use or disclose your PHI without your authorization in the following situations, consistent with HIPAA, 42 CFR Part 2 (when applicable), and Nebraska law:

- Child abuse or neglect reporting
- Adult abuse, neglect, or exploitation reporting
- Judicial or administrative proceedings (only with a court order or as otherwise permitted by law)
- Medical emergencies
- Serious and imminent threats to health or safety
- Health oversight activities such as audits or investigations
- Public health activities
- Law enforcement (only as permitted by law and generally with a court order)
- Specialized government functions (e.g., military or national security, when applicable)
- Coroners or medical examiners
- Research (only with special approvals or your authorization)

SPECIAL CONFIDENTIALITY PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD)

INFORMATION — 42

CFR PART 2

If you receive services that are identified as Substance Use Disorder diagnosis, treatment, or referral, those records are protected by 42 CFR Part 2.

Part 2 prohibits us from disclosing SUD information without your written consent unless:

- A court issues a specific Part 2-compliant order
- There is a medical emergency
- Required reporting of child abuse or neglect
- A crime occurs on program premises or against program staff
- You commit or threaten to commit a crime
- The disclosure is to qualified personnel for research, audit, or program evaluation

Redisclosure Warning (required by law):

SUD information disclosed under your written consent may not be redisclosed by the recipient unless permitted by 42 CFR Part 2.

Other PHI disclosed under HIPAA may be redisclosed unless prohibited by law.

YOUR RIGHTS REGARDING YOUR PHI

1. Right to Access

You may inspect or obtain a copy of your PHI in a designated record set.

If your records are electronic, you may request an electronic copy.

I may deny access in limited circumstances, and you may request a review of certain denials.

2. Right to Request an Amendment

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If you believe your PHI is incorrect or incomplete, you may request an amendment.

If I deny your request, you may submit a statement of disagreement.

3. Right to an Accounting of Disclosures

You may request a list of certain disclosures I have made of your PHI.

I may charge a reasonable fee for more than one request in a 12-month period.

4. Right to Request Restrictions

You may request restrictions on how I use or disclose your PHI.

I am not required to agree, except when you request that I not disclose PHI to your health plan for payment or operations and you paid for the service out-of-pocket in full.

5. Right to Request Confidential Communications

You may request that I contact you in a specific way (e.g., at a different address or phone number).

I will accommodate reasonable requests.

6. Right to a Paper or Electronic Copy of This Notice

You may request a copy at any time.

7. Right to Breach Notification

You will be notified if a breach occurs involving your unsecured PHI or Part 2 information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Rebecca Baruth, Privacy Officer

Support Mamas Services, PC DBA Omaha Support

8790 F St, Omaha, NE 68127

402-819-5349

or

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

I will not retaliate against you for filing a complaint.

CONTACT INFORMATION

If you have questions about this Notice or your rights, please contact me, Rebecca Baruth, Privacy Officer at 402-819-5349