



**New England**  
Mothers First

**Welcome to New England Mothers First!**

We are Nurse Practitioners whom specialize in breast and infant feeding difficulties. We are IBCLC Board Certified with specialized breastfeeding education to promote, protect & support breastfeeding for you and your baby.

**Some important information:**

**Our office will verify your insurance benefits for your visit. We can answer general appointment questions including rescheduling, provide you with any details regarding billing and can assist you to seek out any referrals you may need to prepare for your initial appointment.**

**As our Nurse Practitioners are Providers of medical care and expertise in lactation, we utilize medical office billing to your insurance company.**

**(NOT YOUR LACTATION BENEFIT)**

**We bill to the insurance company for both you and your baby on the one-hour appointment.**

**Any out of pocket responsibility for yourself or your baby, is secured prior to each visit and upon completed billing, will be processed with consent for credit card information to be kept HIPAA protected on our secured network.**

Please see our web site [www.newenglandmothersfirst.com](http://www.newenglandmothersfirst.com) for the link on our **Consent for Treatment**, our **HIPAA** privacy statement for your records and **Office addresses with parking information**.

**This is our Cancellation Policy:**

- For less than 24 hours' notice on CANCELLATIONS please text your NP directly.
- Please note there is a **\$50.00 cancellation fee** for appointments cancelled the day prior or if you no show
- For inclement weather conditions the office or your NP will contact you to reschedule. There is no fee for rescheduling due to weather conditions.

If you Reschedule your first Cancellation less than 24 hours, the first Cancellation fee is waived. Thereafter, Cancellation Fees will apply.

We hope to be very helpful you and your baby as Nurse Practitioner Providers of your medical care.

Sincerely,

Your Staff at New England Mothers First

**New England Mothers First (NEMF)**

**Notice of Privacy Practices for Protected Health Information (PHI)**

**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**

NEMF is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. We will not use or disclose health information except as described by this Notice. If you consent, NEMF is permitted by federal privacy laws to make uses and disclosures of health information for the purposes of treatment, payment, and health care operations. Protected health information (PHI) is the information we create and obtain in providing our services to you. It is individually identifiable health information that is transmitted or maintained in any form, including oral communication, to other health entities or its business associates. PHI includes name, address, social security number, phone number, zip code, names of next of kin

and e-mail address. It also includes any information related to a person's past, present, or future physical or mental health condition such as symptoms, medical history, examination, test results, diagnoses, treatment, applying for future care/treatment. In addition, it includes billing information for these services.

**Examples of uses of your health information for treatment purposes:** A nurse practitioner obtains treatment information about you or your child and records it in a medical record. During the course of treatment, the nurse practitioner determines he/she will need to consult with another specialist in the area and will share that information with the PCP and specialist.

**Example of use of your health information for payment purposes:** We submit requests for payment to your health insurance company and the health insurance company or business associate helping us to obtain payment, requests health information from us, regarding medical care given. We will provide information to them about the care given, which may include diagnosis, procedure, supplies, copies or excerpts of the medical record that are necessary for payment of your account.

**Example of use of your health information for healthcare operations:** We obtain services from our insurers such as quality assessment and improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical transcription, medical review, legal services and insurance. We will share health information with our business associates as necessary to obtain these services. We require our insurers and business associates to protect the confidentiality of your child's health information.

## **OTHER DISCLOSURES and USES**

The Privacy Standards allow the use of protected health information in a variety of circumstances where the information is essential for public purposes or for the operation of the health care system.

**Patient consent, authorization, or opportunity to object is not required where the disclosure is required by Law:** We may disclose health information to public health or legal authorities charge with preventing or controlling disease, injury, or disability.

**Abuses, Neglect and Domestic Violence:** We may disclose health information to public authorities as allowed by law to report abuse, neglect, or domestic violence.

**Health Oversight:** We may disclose health information to appropriate health oversight agencies or for health oversight activities.

**Judicial and Administrative Proceedings:** We may disclose health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order or in response to a subpoena, discovery request, other lawful process if certain specific requirements are met, to avert a serious threat to health or safety, we may disclose health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

**Law Enforcement Purposes:** We may disclose health information for law enforcement purposes as required by law, such as when required by a court order; for identification of a victim of a crime if certain protective requirements are met; to report a crime on our premises; to report a crime in emergencies; and other appropriate situations permitted by law.

**Deceased Persons:** We may disclose your health information to coroners, medical examiners, and funeral directors consistent with applicable law to allow them to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplant of organs for the purpose of tissue donation and transplant.

**Research:** We may use and disclose health information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of health information. We may disclose to the Food and Drug Administration (FDA) health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to *enable* product recalls, repairs, or replacements.

**Serious Threat to Health or Safety:** In an emergency, using our best judgment, we may disclose to a family member, other relative, close personal friend, or any person you identify, health information relevant to that person's involvement in your child's care or in payment for such care, We may use and disclose your child's health information to assist in disaster relief efforts.

**Specialized Government Functions:** We may disclose public health information for specialized government functions as authorized by law such as to military and veteran's personnel, for national security and intelligence purposes, or to public assistance program personnel.

**Workers Compensation:** If you are seeking compensation through Workers Compensation, we may disclose your information to the extent necessary to comply with laws relating to Workers Compensation.

## **OTHER USES**

**Other uses and disclosures of your child's health information besides those identified in this Notice will be made only with your written authorization. You may revoke the authorization in writing, unless the provider has taken action based on reliance of the authorization.**

**Appointment Reminder and Treatment Alternatives:** We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you for you or your child's care.

## **YOUR HEALTH INFORMATION RIGHTS**

**The health and billing records we maintain are the physical property of Cynthia A. Vella N.P. LLC dba New England Mothers First (NEMF) The information in it however belongs to you.**

**You have a right to:**

1. Request a restriction on certain uses and disclosures of health information by delivering the request in writing to NEMF by calling (508) 444-9456. We are not required to grant the request where provision of that information would pose a danger to the patient or to others.

2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health information by requesting at our office.
3. Request that you be allowed to inspect and copy yours or your child's health record and billing record. You may exercise this right by delivering the request in writing to NEMF, using the form we provide to you upon your request.
4. Appeal a denial of access to yours or your child's protected health information except in certain circumstances: A. Progress notes, B. Information compiled in anticipation of legal proceedings, C. lab results reported to providers, D. Provider's Peer Review, E. Quality Assurance Files
5. Request that the healthcare record be amended to correct incomplete or incorrect information by delivering a written request to us using the form we provide to you upon request. The nurse practitioner or other healthcare provider is not required to make such amendments.
6. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your child's protected health information.
7. Obtain an accounting of disclosures of your child's health information as required to be maintained by law, by delivering a written request to NEMF using the form we provide you upon your request. An accounting will not include internal uses of information for treatment, payment, or operations; disclosures made to you at your request; disclosures made to family members or friends in the course of providing care.
8. Request that communication of yours or your child's health information be made by alternative means or at an alternative location by delivering the request in writing to us, or by using the form we gave you upon your request.
9. Revoke authorizations that you made previously to use or disclose information except when the information or action has already been taken by NEMF. You may deliver a written request to Cynthia A. Vella N.P. LLC.

If you want to exercise the above rights, please contact Cynthia Vella

New England Mothers First P.O. Box 483 Cataumet 02543

or [www.newenglandmothersfirst.com](http://www.newenglandmothersfirst.com)

## **OUR NEMF RESPONSIBILITIES**

### **NEMF is required to:**

1. Maintain the privacy of the health information as required by law,
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain.
3. Abide by the terms of this Notice,
4. Post/Email you the notice clearly,
5. Notify you if we cannot accommodate a requested restriction or request,
6. Accommodate you reasonable requests regarding methods to communicate health information with you within the following time frames
  - (A. Within 30 days for patient request to inspect and copy medical records,
  - B. Within 60 days for patient request to amend protected health information,
  - C. Within 60 days for patient request to receive an accounting of health information.)
7. Retain copies of Notices issued for six (6) years from the date they were last in affect.

**NEMF reserves the right to amend, change, or eliminate provisions in our privacy practices and our access practices. Furthermore, NEMF may enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy.**

### **TO REQUEST INFORMATION OR FILE A COMPLAINT**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact us at (508) 444-9456. In addition, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our nurse practitioner or office staff. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services Telephone # is 1-877-696-6775; and web site: [www.dhhs.gov](http://www.dhhs.gov)

NEMF cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) or Office of Civil Rights (OCR) as a condition of receiving treatment from us. We cannot, and will not retaliate against you for filing a complaint with HHS or OCR.

### **TO REQUEST COPIES OF MEDICAL RECORDS**

The Privacy Rule permits NEMF to impose reasonable, cost-based fees. The fee may include only the cost of copying (including supplies and labor) and postage, if you (as the parent) requests that the copy be mailed. If you have agreed to receive a summary or explanation of the protected health information, NEMF may also charge a fee for preparation of the summary or explanation. This fee, however, may not include costs associated with searching for or retrieving the requested information. If you have further questions, feel free to discuss them with our, Practice Manager at (508) 444-9456.

## **CYNTHIA A. VELLA N.P. LLC, NEW ENGLAND MOTHERS FIRST**

**[www.NewEnglandMothersFirst.com](http://www.NewEnglandMothersFirst.com)**

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### **Consent for Treatment: Lakeville / West Bridgewater / Wellesley / West Roxbury**

I give permission to Cynthia A. Vella N.P. LLC dba New England Mothers First, for the performance of office or home appointments for professional medical Nurse Practitioner services. Services are for women with breast problems during childbearing years and for their infants consuming breast milk for infant nutrition. These services may include Lab and or Pharmacy. My consent for treatment may be withdrawn at any time either verbally or in writing.

### **AUTHORIZATION FOR RELEASE OF INFORMATION:**

I authorize Cynthia A. Vella N.P. LLC to fax progress notes as well as consult over the phone if necessary with all other physicians involved in myself and my infants care: Primary Care Physician, OB/GYN, and Pediatrician.

**Insurance Authorization:**

I authorize Cynthia A. Vella N.P. LLC to furnish information to the identified insurance carrier(s) for any and all payment activities for myself and my infant. I consent to assign all payments for services directly to this practice. I understand that I am financially responsible for payment of services not covered by my insurance due to eligibility or primary care conflicts or other non-covered services such as co-pays, co-insurances, or deductibles.

**Consent for Photograph and Data Collection via Survey**

I give permission to Cynthia A. Vella N.P. LLC for permission to post visit survey me, photograph or video by mutual verbal agreement for the purposes of education and/or data collection regarding breastfeeding research and study. My consent for treatment may be withdrawn at any time either verbally or in writing.

**HIPAA Email Consent:**

I understand that Cynthia A. Vella N.P. LLC utilizes an encrypted email system and all the emails stored on employee's computers keep my protected health information (PHI) encrypted and safe. I also understand that my own personal email account to which I am receiving and sending emails is not encrypted which means a third party may be able to access the information since it is transmitted over the internet.

**HIPAA Texting Consent:**

I authorize Cynthia A. Vella N.P. LLC to send me text messages in regards to appointment reminders and appointment rescheduling. I understand that Cynthia A. Vella N.P. LLC does not engage in text messaging regarding patient care or medical concerns as text messaging is not encrypted nor protected under the HIPAA laws. I understand that all questions regarding medical care must be done via email or phone call.

**Credit Card Consent –I Authorize Cynthia A. Vella N.P. LLC**

Credit Card and Health Savings Account cards are consented to our secure network for purposes of

Co-Payments, Co-insurances, Private Pay or unresolved balances.

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION:**

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information (PHI) to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent via your "Welcome Email". We encourage you to read it carefully and completely before signing this Consent. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the

changes. Those changes may apply to any of your protected health information that we maintain. I acknowledge I have received a copy of our Notice of Privacy Practices.

Thank you!

We are happy to help.

Your personalized care is very important to us. We can make a difference.

### Office Addresses and Parking information

#### **Middleboro Pediatrics**

2 Lakeville Business Park  
Lakeville MA, 02347

*Full Parking at Facility*

#### **Pleasant Hill Pediatrics**

22 Pleasant Street 2nd Floor  
West Bridgewater MA 02379

*Full Parking at Facility. Please Check In on the 1st Floor.*

#### **Pediatric Health Care of Newton Wellesley**

65 Walnut Street #310  
Wellesley MA, 02481

*Full Parking at Facility - Use Front Entrance*

#### **Roslindale Pediatrics Associates**

( Roslindale Pediatrics Patients Only )  
2020 Centre Street  
West Roxbury, MA 02132

Parking at Facility