

**CENTER FOR ASSISTED REPRODUCTION, P.A. AND
CENTER FOR ASSISTED REPRODUCTION LABORATORY AND
SURGERY CENTER, INC.**

NOTICE OF PROTECTED HEALTH INFORMATION PRIVACY PRACTICES

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.

Purpose and Policy:

This office is committed to compliance with all federal and state laws that pertain to any aspect of the clinical practices of business procedure of this office. In particular, privacy and security rules relating to the Health Insurance Portability and Accountability Act (HIPAA), along with related state laws, are integral to matters of privacy, medical records, the confidentiality of communications, and other topics addressed throughout this policy and procedure manual. The HIPAA Privacy Rule applies to all protected health information (PHI) in this office including, but not limited to: your name, address, phone number, social security number, health history, symptoms, examination and test result, diagnoses, procedures, treatment, and plans for the future care or treatment, information stored and transmitted electronically, paper records, and oral communications. PHI includes any information as it is related to the past, present, or future physical or mental health condition of any of our patients; any treatment they have received; and health care payment information.

This Notice of Privacy Practices describes how Center for Assisted Reproduction may use and disclose your information and the right that you have regarding your health information. When using, disclosing or requesting you information, we are normally required to make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. This limitation does not apply in situations involving disclosures to you or made pursuant to your authorization, to a health care provider for treatment, to the Secretary of Human Services for HIPAA compliance and enforcement purposes, or as otherwise required by law.

Uses and Disclosures of Health Information Without Authorization:

When you obtain services from Center for Assisted Reproduction, certain uses and disclosures of your health information are necessary and permitted by law in order to treat you, to process payments for your treatment, and to support the operations of the entity and other involved providers. The following categories describe ways that we use or disclose you information, and some representative examples are provided in each category. All of the ways your health information is used or disclosed should fall within one of these categories.

Your health information will be used for treatment. *Example:* Disclosure of medical information about you may be made to doctors, nurses, technicians, or others who are involved in treating you. This information may be disclosed to other physicians who are treating you or to other healthcare facilities involved in you care. Information may be shared with pharmacies, laboratories, or radiology center for the coordination of different treatments.

Your health information will be used for payment. *Example:* Health information about you may be disclosed so that services provided to you may be billed to an insurance company or third party. Information may be provided to your health plan about treatment you're going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.

Your health information will be used for health care operations.

Example: The information in your health record may be used to evaluate and improve the quality of the care and services we provide.

Business Associates: There are some services that we provide through contracts with third party business associates. *Examples:* External laboratories, Pharmaceutical companies, financial agencies, computer technicians. To protect your health information, Center for Assisted Reproduction will require these business associates to appropriately protect your information.

Disclosures Required by Law or otherwise Allowed Without Authorization or Notification:

The following disclosures of health information may be made according to state and federal law without your written authorization or verbal agreement:

When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting gunshot wounds or child abuse, or responding to court orders;

For public health purposes, such as reporting information about births, deaths, and various diseases, or disclosures to the FDA regarding adverse events related to food, medications, or devices;

For health oversight activities, such as audits, inspections, or licensure investigations;

To organ procurement organizations for the purpose of tissue donation and transplant;

To coroners and funeral directors for the purpose of identification, determination of the cause of death, or to perform their duties as authorized by law;

To avoid a serious threat to the health or safety of a person or the public;

For specific government functions, such as protection of the President of the United States

For Worker's compensation purposes;

To military command authorities as required for members of the armed forces;

To authorized federal officials for national security and intelligence activities as authorized by law;

To correctional institutions or law enforcement officials concerning the health information of inmates, as authorized by law.

Other Allowable Uses and Disclosures without Authorization: Other uses or disclosure of your health information that may be made include:

Contacting you to provide appointment reminders for treatment or medical care, as well as to recommend treatment alternatives, relay patient instructions, and provide test results via the phone number(s), fax number(s), mailing address and/or email address(es) that you have provided for us.

Notifying you of health-related benefits and services that may be of interest to you.

(In order to provide excellent patient care, effective communication between CAR's staff and patients is imperative. Physicians and staff of CAR will attempt by any means necessary to communicate important treatment information to patients by utilizing the contact information our patients provide for us. The Center's employees are very discreet in relaying patient information, and take every measure to protect the privacy of our patients. However, methods of communication such as phone, voicemail, fax, mail, and email still leave risk of third party access that is beyond our control. Patients who wish to remove or modify the contact information they have provided must request a "Change of

Communication Information” form from our office to specify the information you wish to have removed or modified. You must then complete the form, sign it, and return it to our office.)

Required Uses and Disclosures: Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy law.

Uses and Disclosures Requiring Authorization: Any other uses of disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time.

Your individual rights under HIPAA:

You have the right to request restriction on certain uses and disclosures of your PHI or amend your PHI. In some cases we may require these requests to be in writing and be supported by a reason for the change. Generally, this will not apply to such routine changes as address and phone number changes. Regardless of your request, please know that the HIPAA rules allow our office to share your PHI with the Covered Entities, and our physicians may deny the request for an amendment, in whole or in part if it; 1) is not created by the physician, 2) is not part of the designated record set, 3) is not available for inspection because of an appropriate denial to access of the information, or 4) is accurate and complete;

You have the right to receive your PHI in a confidential communication from our office, such as the U.S. Mail;

You have the right to inspect and copy your PHI. Copies of you PHI are available for a reasonable fee paid to our office to cover our expenses of reproducing them;

You have the right to receive, upon request, an accounting of your PHI that we have provided to Non-Covered entities;

If you have read and responded to this notice through electronic media such as our practice website or email, you have the right to receive a paper copy of this notice upon request.

In keeping with HIPAA compliance, the Center for Assisted Reproduction has appointed a Privacy Officer to continually evaluate our privacy practices, train our staff about privacy issues, supervise the sharing of information with third parties, and address any complaints from patients. All staff members will be trained on this policy and procedure manual, which will help ensure that the procedures in effect in our office are in keeping with both state and federal law. The privacy Officer is responsible for both the training of staff, as well as continual review and of this manual as necessary. A Notice of PHI Privacy Practices is reviewed by all patients to increase their understanding of how their PHI is stored, used and shared beyond this practice, and to notify them of their new rights created under HIPAA.

In the future, we reserve the right to change the terms contained in this notice and make any new provisions effective for the entire PHI we maintain. In the event we elect to change the terms of this notice, a new notice will be posted in our office. In addition, you may receive notification by mail, e-mail, or other such communication as our practice makes any new provisions.

Should you ever believe your privacy rights have been violated, we request you file a complaint with our Privacy Officer, Lori Kling, at 817-540-1157. You may also register your complaint with the Secretary of the U.S. Department of Health and Human Services, office of Civil Rights. As part of our commitment to you, we value your privacy and take every precaution in our practice to preserve your right to that privacy. Any complaint you

file will be used strictly to improve our operating procedures, and in doing so, you will not be retaliated against for filing a complaint.

I have reviewed the above Notice of Privacy Practice, which explains how my medical information will be used and disclosed. By signing below, I acknowledge that I have read and understand the above and understand my rights to privacy of Protected Health Information.

Printed Patient Name

Patient Signature/Legal Representative

Date

Relationship of Representative