

Notice of Privacy Practices

Effective Date: April 1, 2003

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.

If you have any questions about this notice, please contact the Ohio Reproductive Medicine Office Manager at 614-451-2280 ext. 147

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to:

- make sure that your health information is kept private;
- give you this notice of our legal duties and privacy practices; and
- follow the terms of the notice that is currently in effect.

We understand that your health information is personal. We create a record of the care and services you receive. We need this record to provide you with the quality care and to comply with certain legal requirements. We are committed to protecting this information.

This notice will tell you about:

- the ways in which we may use and disclose your health information.
- your rights; and
- our obligations regarding the use and disclosure of health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or share your health information in certain ways. We will explain how and when we may use or share your health information. We are not able to list each specific way we may use or share your health information, but each situation will fall into one of the basic types of situations below:

For Treatment. It is important that we be able to use or share your information to treat you. We may share your information to doctors, nurses, medical students or other personnel who are involved in your care. We may share your information with health care providers outside of Ohio Reproductive Medicine for your treatment. For example, we may need to include records when updating your referring physician on your progress. Also, we may need to share your information in order to schedule you for a surgery or procedure.

For Payment. We may use or share your health information so that we are paid for the cost of your care. We may share your information with another provider so that they may be paid for services as well. We may bill, and share information with other providers an insurance company you or a third party. For example, we may need to give your health plan information about your diagnosis and treatment so your health plan will pay us or reimburse you for the care we provided. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your health information in order to facilitate payment to another provider who has participated in your care.

For Health Care Evaluation. We may use and share your health information for Health Care evaluation. These uses and disclosures are necessary to run our facility and make sure that all of our patients receive quality care. For

example we may use medical information to review your treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors nurses, technicians, student trainees and other health care facility personnel for review and learning purposes. We may combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. When we share information with other facilities for this type of comparison, we remove information that identifies you from this set of medical information so others may use it to study healthcare and health care delivery without knowing who you are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment. If you do not wish to receive appointment reminders, or wish to be contacted at a certain telephone number, be sure to tell a staff representative.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about treatment options, health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a family member or other designated person who is involved in your medical care. We may also give information to someone who helps pay for your care. For example: We may need to tell the person who comes to pick you up after your appointment what he or she may need to do to help you once you get home. In the event of an emergency, we may need to use or share information about you in order to inform your family or persons responsible for your care where you are and of your condition.

SPECIAL SITUATIONS:

Additional uses and disclosures for which authorization or opportunity to agree or object is not required by The Health Insurance Portability and Accountability Act (HIPAA).

Research. You have the opportunity to be a part of research at Ohio Reproductive Medicine. Under certain circumstances we, may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or disclose medical information. We also may disclose medical information about you to people preparing to conduct a research project, They may be looking for patients with specific needs or for certain information. The medical information they review will be kept confidential.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Victims of Abuse, Neglect or Domestic Violence. We may disclose certain health information to government agencies authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been a victim.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

Judicial and Administrative Proceedings. We may disclose your health information in the course of an administrative or judicial proceeding, such as in response to a court order.

Law Enforcement. We may release medical information to a law enforcement official if required by law.

USES OF MEDICAL INFORMATION THAT REQUIRE AUTHORIZATION

In all other situations (situations that are not treatment, payment healthcare evaluation or special situations as mentioned above), we may only share information with your specific written authorization.

You may revoke that authorization in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent that we already have used or disclosed your information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although the physical form of your medical information or designated record set is our business record and is the property of Ohio Reproductive Medicine, the information contained in those records is your information and you have certain rights regarding that information. You have the following rights regarding medical information we maintain about you:

Right to Review and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this information includes medical and billing records, but does not include records forwarded to us from another facility or physician, or certain lab test results subject to the Clinical Laboratories Improvement Act of 1988. You must submit your request for your medical information in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Appeal a Denial of Access to Medical Information. You have a right to access your medical information. There are some limitations on that right. If for clear treatment reasons your physician has determined that access to your health information is likely to have an adverse effect on you, the physicians will provide the record to a practitioner designated by you to help you with your review of the information

Right to Amend. 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 maintained. We may deny your request if you ask us to amend information that:

- is not part of the information which you would be permitted to inspect and copy; or
- we believe is accurate or complete.

Submit your request to your physician. Your request must be made in writing and include a reason that supports your request.

Right to Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of the disclosures of your health information that we made to others of medical information about you in certain "special situations" as listed above. These disclosures are not related to treatment, payment, or health care evaluation and occur when we are not required to obtain your authorization before we shared your information with others. You must submit your request in writing. Your request must tell us the calendar dates you want to see. The time period cannot include more than six years of information, and cannot begin prior to April 14, 2003. There will be no charge for the first list you request within a 12-month period. We may charge you for the costs of providing any additional lists. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care evaluation. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You must make your request in writing. In your request, you must tell us what information you want to limit, and whether you want to limit our use, disclosure or both.

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. For example, you can ask that we only contact you at home. You must make your request for confidential communication made known to the nursing staff. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask for a copy of this notice at the front desk at any time. You may also print a copy of this notice at www.ohioreproductivemedicine.com.

CHANGES TO THIS NOTICE

We reserve the right to change 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. Current copies of this notice will be available at the front desk. The current notice will also be posted at the website listed above. The effective date of the notice will be posted on the first page.

COMPLAINTS

Ohio Reproductive Medicine is dedicated to ensuring your privacy rights, consistent with HIPAA. If you believe your privacy rights have been violated, you may file a complaint with our office manager. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**