

Genetics & IVF Institute, Inc.
Notice of Privacy Practices for Patients
Effective May 1, 2017

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.

Understanding Your Health Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains information about your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
- source of data for facility planning and marketing
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

You have certain rights, and we have certain responsibilities, under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Following is a statement of your rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer. We have forms available for this purpose; please contact the Privacy Officer for a copy.

Inspect and Copy Your Protected Health Information.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your medical provider and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health

information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

Request a Restriction of Your Protected Health Information.

You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Please ask for a request form.

We are required to honor your request not to disclose protected health information to your insurance company for payment or health care operations if the disclosure is not otherwise required by law and pertains solely to any item or service you have paid for in full out-of-pocket. We will generally try to honor other requests, although we are not required to do so. We will notify you if we cannot agree to a restriction you request.

Please note that we will not agree to restrictions on our ability to disclose your protected health information to another health care provider who requests such information for the purpose of your treatment.

Request to Receive Confidential Communications from Us by Alternative Means or at an Alternative Location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

Amend Your Protected Health Information.

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Receive an Accounting of Certain Disclosures We Have Made, if any, of Your Protected Health Information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Revoke an Authorization to Use or Disclose.

If you give us a authorization to use or disclose your protected health information, you may revoke that authorization by notifying us in writing. A revocation will not apply to information we have already used or disclosed in reliance on your authorization.

Obtain a Paper Copy of This Notice from Us.

Even if you have agreed to accept this notice electronically, you may have a paper copy upon request.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are also required to notify you if there is a breach of your unsecured health information.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for “*treatment*,” which means the provision, coordination or management of health care and related services by one or more health care providers. Examples of this include scheduling appointments, medical diagnosis and treatment provided by our doctors, nurses and other clinical staff, calling in prescriptions and refills, reviewing lab results, consultations among providers involved your care and making referrals to other health care providers.

We will use your health information for “*payment*,” which means activities like obtaining reimbursement for services, confirming coverage, billing or collection activities, related data processing and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

We will use your health information for “*healthcare operations*,” which include the business aspects of running our practice on a daily basis, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

Examples of other Types of Disclosures

We may use or disclose your health information as “*required or permitted by law*,” such as in response to requests from public health authorities, health oversight agencies or law enforcement authorities; to report abuse, neglect or domestic violence; in response to a court order or subpoena, provided it complies with HIPAA; in connection with a workers’ compensation case; or to a researcher conducting a study in compliance with HIPAA.

Business Associates: There are some services provided in our organization through contracts with business associates, such as billing services and accounting firms. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to safeguard your information.

Communication with Family: Unless you specifically object, we may share a limited amount of your protected health information with a family member or friend if the information is directly relevant to that person’s involvement in your care or payment for care.

Embryology Records and Consent Forms: When two intended parents jointly create embryos, we believe both intended parents have a right to the embryology lab (but not medical) records, and we will disclose them to either intended parent upon request. Likewise, we will provide a copy of a signed GIVF-generated form or other document to any individual who has signed it.

Disclosures You Authorize: We must obtain your written authorization for virtually any other use or disclosure of your medical information, such as disclosures to family members, friends or other third parties. If you provide a written authorization, you may subsequently revoke it in writing, except to the extent that we have already relied on it. Please note that we do not sell patient medical information.

We May Revise Our Privacy Practices

We reserve the right to update these practices at any time, and publish a new Notice of Privacy Practices. The new notice will be posted in our patient waiting areas and you may obtain a paper or electronic copy from our privacy officer, the front desk staff or by accessing our website.

This notice is effective as of the date set forth above, and we are required to abide by the notice terms currently in effect. If we change our privacy practices, we will publish a new notice and the changes will then apply to all protected health information that we have at that time. We will post any new notice in our office and on our website, and you may request a written copy at any time.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office or with the Department of Health & Human Services (HHS), Office of Civil Rights (OCR), about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information by asking to speak to Cheryl Richardson, our Privacy Officer. If you prefer to submit a written inquiry, please send it to her at the address below:

**Genetics & IVF Institute
3015 Williams Drive
Fairfax, VA 22031
703-698-3948 - 703-698-3963 (fax)
E-mail: hipaa@givf.com**

For more information about HIPAA or to file a complaint:

**The U. S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
202-619-0257 or 1-877-696-6775**