RMG IVF/Surgery Center, Inc.

Notice of Privacy Practices

Revised: January 11, 2011

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF THIS FACILITY, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. THIS IS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our organization is dedicated to maintaining the privacy of your health information. Protected Health Information, known as PHI, is the information we create and obtain in providing our services to you. Such information may include documenting your health history, examination, and test results, diagnoses, treatment, and planning for future care or treatment. It also includes billing documents for those services.

Uses and Disclosures
The following circumstances may require us to use or disclose your health information:

As provided for by the Privacy Rule, RMG IVF/Surgery Center, Inc. may use and disclose protected health information (PHI) for treatment, health care operations and payment.

"Treatment" is a defined term for the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

Examples may be: (1) A nurse obtains treatment information about you and records it in a health record**(2)** During your course of treatment, the physician may determine the need to consult with another specialist regarding your care, and therefore may share your PHI with such specialist for his/her input.

"Health care operations" is a defined term for conducting quality assessments and improvement activities, protocol development, case management and care coordination, contacting healthcare providers and patients with information about treatment alternatives; peer review, health plan performance, training programs for students, accreditation, certification, licensing, or credentialing activities; underwriting, premium rating and other activities relating to the creation, renewal of replacement of health insurance contracts or benefits; conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities of the entity, including but not limited to: HIPAA related activities;

Examples may be: (1) Quality assessments and improvements**(2)** Protocol and clinical guideline development**(3)** Medical Review

"Payment" is a defined term that encompasses the various activities of health care providers to obtain payment or be reimbursed for their services.

Examples may be: (1) Determining eligibility and coverage under a plan and adjudicating claims**(2)** Billing and collection activities**(3)** Disclosures to consumer reporting agencies.

Other Uses and Disclosures

Judicial/Administrative Proceedings: Lawsuits and similar proceedings in response to a court or administrative order.

Law Enforcement: If required to do so by a law enforcement official, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Specialized Governmental Functions: If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities, to federal officials for intelligence and national security activities authorized by law.

Serious Threat: When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

Public Health: As authorized by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Food and Drug Administration (FDA): We may disclose your PHI to the FDA relating to adverse events with respect to food supplements, products and product defects, recalls, repairs, or replacements.

Health Oversight Agencies: We may disclose your PHI to appropriate health oversight agencies or health oversight activities.

Abuse & Neglect: We may disclose your PHI to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions: To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

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

Employers: We may release your PHI about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury.

Your Health Information Rights

The health and billing records we maintain are the physical property of RMG IVF/Surgery Center, Inc. The information contained within your medical record, however, belongs to you. You have the right to:

Communication: Request that communication of your health information be made by alternative means or at an alternative location by submitting a request in writing to our practice.

Request a Restriction: You can request a restriction in the use or disclosure of your health information for treatment, payment, or health care operations or for some other reason. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. All requests must be submitted to us in writing. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

Request to Inspect or Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but NOT including psychotherapy notes. You must complete a Release of Protected Health Information Form, available from the Privacy Officer at the office at which you are seen.

NOTE: RMG IVF/Surgery Center, Inc. reserves the right to charge a fee for copying medical records. Per the HIPAA specifications, RMG IVF/Surgery Center, Inc. has up to 30 days to complete your request if your information is maintained on-site. If the information is off-site the time period is 60 days.

Request to Amend: You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to The Privacy Officer at the RMG IVF/Surgery Center. You **MUST** provide us with a reason that supports your request for amendment.
NOTE: RMG IVF/Surgery Center, Inc. reserves the right to refuse a request to alter or change your health information for the following reasons: (1) Information being requested to amend was not created by us, (2) Is not part of the health information kept by us, (3) Is not part of the information that you would be permitted to inspect and copy, or (4) Information being requested to amend is accurate and complete.
If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement. We will maintain your request and our written refusal to change such information as part of your medical record.
Notice of Privacy Practices: You are entitled to receive a copy of the current Notice of Privacy Practices for PHI at any time by contacting the Privacy Officer at the RMG IVF/Surgery Center, Inc.

Accounting of Disclosures: Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You are entitled to a copy of any and all disclosures of your Protected Health Information we may have made for purposes other than Treatment, Payment and Healthcare Operations.

Notification of Breach: Our organization will notify you of a known breach in your unsecured protected health information.

Right to Revoke: You have the right to revoke authorizations that you have made previously to use or disclose information, by delivering a written revocation to our organization, except to the extent that information or action has already been taken.

Right to File a Compliant: If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint.

To file a complaint with our practice, please contact the Privacy Officer at RMG IVF/Surgery Center, Inc.

RMG IVF/Surgery Center, Inc.
5249 E. Fletcher Avenue
Tampa, Florida 33617
Privacy Officer: Maria Robles

To file a complaint directly to the Secretary of Health and Human Services, please contact them at the address below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Our Responsibilities

RMG IVF/Surgery Center, Inc. is required to:

1. Maintain the privacy of your 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 about you
3. Abide by the terms of this Notice
4. Notify you if we cannot accommodate a requested restriction or request
5. Accommodate your reasonable requests regarding methods to communicate health information with you
6. Notify you of a breach of your unsecured protected health information

RMG IVF/Surgery Center, Inc. reserves the right to change the terms of this Notice of Privacy Practices and make the amended Notice of Privacy Practices provisions effective for all Protected Health Information maintained by the organization. In the event of a revision or change to the Notice of Privacy Practices, the amended Notice shall be posted for patient review at each location and a copy available upon request.

This notice was published and first became effective on April 1st 2003 and revised on January 11, 2011. A copy of this notice will be available on our website: www.floridafertility.com.