



Notice of Privacy Practices

Revised: July 26, 2013

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.

About This Notice

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. You have certain rights regarding the privacy of your PHI. This notice explains your rights and our legal obligations to protect your health information. We are required to abide to the terms of this notice.

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 or 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.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose your PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Research. We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily

identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

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.

Marketing: Uses and disclosure of PHI for marketing purposes and disclosures that constitute the sale of PHI require written authorization. We may contact you to obtain authorization to use your PHI for marketing initiatives. You reserve the right to refuse disclose of any PHI.

OPTIONAL USES AND DISCLOSURES

Individuals involved in your care or payment for your care. Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree to such a disclosure whenever we practicably can.

Fundraising Activities. We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

If you do not want your PHI disclose for the reasons listed above, please submit a written request to the Privacy Officer at the office where you received your care.

REQUIRED WRITTEN AUTHORIZATION

The following uses and disclosures of your PHI will be made only with your written authorization: (1) Marketing, (2) Sale of PHI, (3) Disclosure to Third Party not permissible by law.

Separate written authorization is required to disclose your PHI for the following: (1) HIV information, (2) Alcohol and Substance Abuse information, (3) Mental Health and psychotherapy notes maintained in your medical record.

Any authorization given may be revoked by submitting a written request to our Privacy Officer. Once we have received the revocation, we will no longer be authorized to disclose your PHI under that authorization. However, any disclosures made in reliance to your authorization prior to revocation will not be affected by the revocation.

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 disclosure of your health information for self-pay services from your insurance company. 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 have the right to request an electronic copy of your records. However, if our software does not allow us this capability, we reserve the right to provide your with a paper copy of your records. 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 Complaint: If you believe your privacy rights have been violated, please notify our Privacy Officer at RMG IVF/Surgery Center, Inc.

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

You may also file a complaint to the Secretary of Health and Human Services, please contact them at the address below:

Office for Civil Rights
Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201
Toll Free Telephone: (877) 696-6775
Website: www.hhs.gov/ocr/hipaa

HOW TO EXERCISE YOUR RIGHTS

To exercise your rights described in this notice, send your request in writing to the Privacy Officer as the location where you received your care. We may ask you to complete a form that we will supply. To exercise your right to inspect your medical record, you may also contact the Privacy Officer directly. To receive a paper copy of this notice, please notify our front office receptionist.

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.