

AMERICAN FERTILITY MEDICAL CENTER

2 Hughes, Suite 175, Irvine, CA 92618

Notice of Privacy Practices

We are required to provide you with our "Notice of Privacy Practices." Please review this information. Return the completed cover sheet to the receptionist. You may keep the attached

Notice or return it along with the cover sheet.

Please provide the information below.

Name of patient _____ **Date of birth** _____

I have been provided with a copy of the "Notice of Privacy Practices."

Your Signature (Patient or Personal Representative) _____

Date _____

May we leave medical information on your "home" answering machine? ____ Yes ____ No

Please list below the names, relationship, and phone number of any authorized individuals (spouse, family members, friends, caregivers, etc.) that we may discuss your medical information with.

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Your Signature (Patient or Personal Representative) _____

Date _____

If you do not want any of your medical information discussed with anyone other than yourself, please sign below.

Your Signature (Patient or Personal Representative) _____

Date _____

THE ABOVE INFORMATION IS PRIVATE AND CONFIDENTIAL AND WILL BE PLACED IN YOUR CHART.

Joint Notice of 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.

1. Purpose: Advanced Fertility Center, PLLC and its professional staff, employees, and volunteers and all of its affiliated entities (referred to collectively as Clinic) follow the privacy practices described in this Notice. The Clinic maintains your medical information in records that will be maintained in a confidential manner, as required by law. However, the Clinic must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, the Clinic must share your medical information as necessary for treatment, payment and health care operations.
2. Organized Health Care Arrangement. The Clinic and its medical staff participate together in an organized health care arrangement to provide health care to you at the Clinic. This Notice applies to physicians and other members of the Medical Staff who have agreed to abide by its terms concerning the services they perform at the Clinic or at a Clinic department. This Notice does not create an agency relationship, a joint venture, or any other legal relationship between those covered by this Notice. Under this arrangement, the Clinic may share your medical information as necessary for treatment, payment and health care operations.
3. What Are Treatment, Payment, and Health Care Operations? Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. The Clinic may use your medical information as required by your insurer or HMO to obtain payment for your treatment and Clinic stay. We also may use and disclose your medical information to improve the quality of care, e.g., for review and training purposes.
4. How Will the Clinic Use My Medical Information? Your medical information may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:
 - Clinic Directory, which may include your name, general condition, and your location in the Clinic.
 - Religious affiliation to a Clinic chaplain or member of the clergy.
 - Family members or close friends involved in your care or payment for your treatment.
 - Disaster relief agency if you are involved in a disaster relief effort.
 - Appointment reminders.
 - To inform you of treatment alternatives or benefits or services related to your health.(You will have an opportunity to refuse to receive this information.)
 - Fundraising activities by the Clinic's Foundation, but such information will be limited to your name, address, phone number, and the dates you received services at the Clinic. (You will have an opportunity to refuse to receive these communications.)
 - As required by law.
 - Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree

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or as required by law).

- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
 - Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
 - Law enforcement (e.g., in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on the Clinic's premises; and in emergency circumstances relating to reporting information about a crime.)
 - Coroners, medical examiners, and funeral directors.
 - Organ and tissue donation.
 - Certain research projects.
 - To prevent a serious threat to health or safety.
 - To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
 - National security and intelligence activities.
 - Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
 - Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
 - Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
 - To carry out health care treatment, payment, and operations functions through business associates, e.g., to install a new computer system.
5. Your Authorization Is Required for Other Disclosures. Except as described above, we will not use or disclose your medical information unless you authorize (permit) the Clinic in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.
6. You Have Rights Regarding Your Medical Information. You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by the Clinic:
- Right to request restriction. You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
 - Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
 - Right to inspect and copy. You have the right to inspect and copy your medical information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the Clinic. The Clinic will comply with the outcome of the review.
 - Right to request amendment. If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Clinic, which requires certain specific information. The Clinic is not required to accept the amendment.

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- Right to accounting of disclosures. You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment payment or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there may be a charge.
 - Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy.
7. Requirements Regarding This Notice. The Clinic is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. The Clinic may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at the Clinic for health care services as a patient, you may receive a copy of the Notice in effect at the time.

We may contact you by telephone or mail to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government for us. The contact information for the United States Department of Health and Human Services is:

U.S. Department Of Health and Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-04
Baltimore, MD 21244

Our Promise to You

You are required by law and regulations to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

American Fertility Medical Center Corporation
2 Hughes, Suite 175
Irvine, CA 92618
(949)521-7771

This notice is effective on the following date: March 01, 2018

We may change our policies and this notice at any time and have those revised policies apply to all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.