



PATIENT REGISTRATION FORM

Patient Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Sex: Female Transgender Marital Status: Married Single Divorced Widow

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Preferred method of contact: Home Cell Mail Text Email

Employment Status: _____ Employer: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____
First & Last Name Relationship

Pharmacy: _____ Phone: _____
Name Address

How did you hear about Advanced Menstrual Care Center? _____

PRIMARY INSURANCE COVERAGE

Insurance Company: _____

Policy Number: _____ Group Number: _____ Eff. Date: _____

Insured's Name: _____ DOB: _____ Relationship to Patient: _____

Insured's Employer: _____ Phone: _____

SECONDARY INSURANCE COVERAGE

Insurance Company: _____

Policy Number: _____ Group Number: _____ Eff. Date: _____

Insured's Name: _____ DOB: _____ Relationship to Patient: _____

Insured's Employer: _____ Phone: _____

I authorize Advanced Menstrual Care Center LLC to apply for benefits on my behalf for services rendered by Dr. Steven W. Tucker. I request payment from my insurance company be made directly to Advanced Menstrual Care Center LLC. I certify that the information I have reported regarding my insurance coverage is correct and further authorize the release of any necessary information, including medical information, for this or any related claims. This authorization may be revoked by me at any time in writing. I understand that nothing herein relieves me of the primary responsibility and obligation to pay for medical services provided when a statement is rendered.

Signature of Patient/Guardian

Date



MONALISA LASER PATIENT SCREENING QUESTIONNAIRE

Patient Name: _____ DOB: _____

Do you have a regular gynecologist? *

☐ Yes. Date of last annual GYN exam: _____

☐ No. Date of last annual GYN exam: _____

GYN Provider Name: _____

GYN Provider Phone: _____

Have you been told by a health care practitioner that you have vulvovaginal atrophy, genitourinary syndrome of menopause, or vaginal thinning due to lack of estrogen? **

☐ Yes.

☐ No.

Do you have pain during intercourse? **(Check all that apply.)

☐ I do not have pain or do not have intercourse.

☐ I have pain and it feels very dry.

☐ I have pain but I do not feel dry

Are you currently using any over the counter products such as vaginal lubricants or moisturizers? **

(Check all that apply.)

☐ Yes, but I still have pain with intercourse.

☐ Yes, and it reduces or eliminates pain.

☐ No

Are you currently using any of the following prescription products? **(Check all that apply.)

☐ Any oral estrogen supplements

☐ Vagifem

☐ Estring

☐ Any type of estrogen Cream (e.g. Premarin or Estrace Cream)

☐ Osphena

☐ Prasterone

☐ No

Do you have any of the following urinary symptoms? **(Check all that apply.)

☐ Loss of urine with cough, laughs, sneeze, or exercise

☐ Loss of urine because I sometimes do not get to the toilet quickly enough

☐ Frequent urinary tract infections

☐ Urinary urgency (feeling like I need to urinate)

☐ None of the above

Do you have other sexual or hormonal concerns? _____



Name: _____ DOB: _____ Chart No.: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

The female sexual function index (FSFI) questionnaire calculator evaluates and monitors woman sexual functioning as well as the level of dysfunction. It does not diagnose the cause of the disorder but assesses the six (6) domains of sexuality.

These six domains are: 1) desire, 2) arousal, 3) lubrication, 4) orgasm, 5) satisfaction, and 6) pain. By focusing on each area, this tool will help Dr. Tucker to help you accurately identify and manage concerns in any of these major areas of sexuality. This tool can be used over time to monitor changes or response to any management.

1. Over the past 4 weeks, how often did you feel sexual desire or interest?

✓	Statement	
	Almost always or always	5
	Most times (more than half the time)	4
	Sometimes (about half the time)	3
	A few times (less than half the time)	2
	Almost never or never	1

2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?

✓	Statement	
	Very high	5
	High	4
	Moderate	3
	Low	2
	Very low or none at all	1

3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

✓	Statement	
	Almost always or always	5
	Most times (more than half the time)	4
	Sometimes (about half the time)	3
	A few times (less than half the time)	2
	Almost never or never	1
	No sexual activity	0

Name: _____ DOB: _____ Chart: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

4. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?

✓	Statement	
	Very high	5
	High	4
	Moderate	3
	Low	2
	Very low or none at all	1
	No sexual activity	0

5. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?

✓	Statement	
	Moderate confidence	3
	Low confidence	2
	Very low or no confidence	1
	No sexual activity	0

6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

✓	Statement	
	Almost always or always	5
	Most times (more than half the time)	4
	Sometimes (about half the time)	3
	A few times (less than half the time)	2
	Almost never or never	1
	No sexual activity	0

Name: _____ DOB: _____ Chart: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

7. Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?

✓	Statement	
	Almost always or always	5
	Most times (more than half the time)	4
	Sometimes (about half the time)	3
	A few times (less than half the time)	2
	Almost never or never	1
	No sexual activity	0

8. Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?

✓	Statement	
	Not difficult	5
	Slightly difficult	4
	Difficult	3
	Very difficult	2
	Extremely difficult or impossible	1
	No sexual activity	0

9. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

✓	Statement	
	Almost always or always	5
	Most times (more than half the time)	4
	Sometimes (about half the time)	3
	A few times (less than half the time)	2
	Almost never or never	1
	No sexual activity	0

Name: _____ DOB: _____ Chart: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

10. Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

✓	Statement	
	Not difficult	3
	Slightly difficult	2
	Difficult	1
	No sexual activity	0

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?

✓	Statement	
	Almost always or always	5
	Most times (more than half the time)	4
	Sometimes (about half the time)	3
	A few times (less than half the time)	2
	Almost never or never	1
	No sexual activity	0

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?

✓	Statement	
	Not difficult	5
	Slightly difficult	4
	Difficult	3
	Very difficult	2
	Extremely difficult or impossible	1
	No sexual activity	0

Name: _____ DOB: _____ Chart: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

✓	Statement	
	Very satisfied	5
	Moderately satisfied	4
	About equally satisfied and dissatisfied	3
	Moderately dissatisfied	2
	Very dissatisfied	1
	No sexual activity	0

14. Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?

✓	Statement	
	Very satisfied	5
	Moderately satisfied	4
	About equally satisfied and dissatisfied	3
	Moderately dissatisfied	2
	Very dissatisfied	1
	No sexual activity	0

15. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

✓	Statement	
	Very satisfied	5
	Moderately satisfied	4
	About equally satisfied and dissatisfied	3
	Moderately dissatisfied	2
	Very dissatisfied	1
	No sexual activity	0

Name: _____ DOB: _____ Chart: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

16. Over the past 4 weeks, how satisfied have you been with your overall sexual life?

✓	Statement	
	Very satisfied	5
	Moderately satisfied	4
	About equally satisfied and dissatisfied	3
	Moderately dissatisfied	2
	Very dissatisfied	1
	No sexual activity	0

17. Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?

✓	Statement	
	Almost never or never	5
	A few times (less than half the time)	4
	Sometimes (about half the time)	3
	Most times (more than half the time)	2
	Almost never or never	1
	Did not attempt intercourse	0

18. Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?

✓	Statement	
	Almost never or never	5
	A few times (less than half the time)	4
	Sometimes (about half the time)	3
	Most times (more than half the time)	2
	Almost always or always	1
	Did not attempt intercourse	0

Name: _____ DOB: _____ Chart: _____ Date: _____

Female Sexual Function Index (FSFI) Questionnaire

19. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?

✓	Statement	
	Very low or none at all	5
	Low	4
	Moderate	3
	High	2
	Very high	1
	Did not attempt intercourse	0

The following table exemplifies the 6 domains, the corresponding items and their score range, as well as the weight factor.

Domain	Items	Score range	Factor	Min score	Max score	Patient Score
Desire	1,2	1 - 5	0.6	1.2	6	()*0.6 =
Arousal	3, 4, 5, 6	0 - 5	0.3	0	6	()*0.3 =
Lubrication	7, 8, 9, 10	0 - 5	0.3	0	6	()*0.3 =
Orgasm	11, 12, 13	0 - 5	0.4	0	6	()*0.4 =
Satisfaction	14, 15, 16	0/1 - 5	0.4	0.8	6	()*0.4 =
Pain	17, 18, 19	0 - 5	0.4	0	6	()*0.4 =
Scale range				2	36	

Name: _____ DOB: _____ Chart: _____ Date: _____

Female sexual dysfunction

FSAD also known as the Candace syndrome, is represented by the persistent, recurrent inability to attain arousal or to maintain it during intercourse. These problems may concern the sexual response, desire, pain occurrence, or distress.

Loss of desire or lack of drive affects women in stress periods or during pregnancy due to psychological causes or physical illness such as hormonal disorders, diabetes, or even due to chronic tiredness.

Orgasm problems are primary or secondary, the former concerning women who can't and could not ever attain it while the latter analyzes women who did experience orgasm in the past but at the moment don't anymore. This might be due to lack of proper stimulation, psychological issues, mood disorders, etc.

Dyspareunia represents pain during intercourse, due to low estrogen levels, dryness of the vagina, or the spasm of the vaginal muscles. This reaction can be caused by a series of factors, personal beliefs, fear of pregnancy, or sexually transmitted diseases.

Medical professionals offer help to establish the causes of female dysfunction, often using questionnaires like the one above, and in some cases, further counseling is recommended or even hormone therapy if this is the case.

References

- 1) Rosen R, Brown C. et al. (2000) The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function (<http://www.ncbi.nlm.nih.gov/pubmed/10782451>). J Sex Marital Ther; 26(2):191-208.
- 2) Cindy M. Meston (2003) Validation of the Female Sexual Function Index (FSFI) in Women with Female Orgasmic Disorder and in Women with Hypoactive Sexual Desire Disorder (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872178/>). J Sex Marital Ther; 29(1): 39-46.

Name: _____ DOB: _____ Chart: _____ Date: _____

How does the female sexual function index (FSFI) questionnaire calculator work?

- This is a health tool determining the level of sexual dysfunction in females and is based on the original study that has been published in the Journal of Sex and Marital Therapy.
- The FSFI comprises of a 19-item questionnaire focused on sexual functioning.
- There are six domains assessed. The subject is advised to consider each of the questions in the context of the last 4 weeks.
- The six domains belonging to the female sexual function index (FSFI) questionnaire calculator are defined in the following lines.
 - Desire - items 1 and 2;
 - Implying the wish/wanting to engage in a sexual experience, receptivity towards sexual initiation, or reacting to that as well as fantasizing.
 - Arousal - items 3, 4, 5, and 6;
 - Signs of attention, activity, and excitement. Specifically, the questionnaire looks at levels and types of arousal.
 - Lubrication - items 7, 8, 9, and 10;
 - Refers to vaginal lubrication that occurs during sexual excitement, presence, quantity, or absence of it.
 - Orgasm - items 11, 12, and 13;
 - Ability to attain orgasms/factors impairing it.
 - Satisfaction - items 14, 15, and 16;
 - Level of happiness/content with actual sexual life and habits.
 - Pain - items 17, 18, and 19;
 - Discomfort sensations during intercourse.
- Other definitions that might be found useful in the analysis of the question relevance include:
 - Sexual activity includes caressing, foreplay, masturbation, and vaginal intercourse.
 - Sexual stimulation suggests intercourse or self-stimulation.
 - Sexual intercourse represents the penile penetration of the vagina.
- As a note, the FSFI does not substitute diagnostic instruments and cannot be used as sexual history questionnaire in clinical evaluations like those for STD identification.
- The subsequent validation study focused on two different groups that also included female patients with various degrees of sexual arousal disorder (FSAD), female orgasmic disorder (FOD), and hypoactive sexual desire disorder (HSDD).
- Sensitivity and reliability measures are still to be entirely proven in clinical settings, but the prospects are for this questionnaire to be used in treatment monitoring and evaluation of outcomes.

Score interpretation

- There are 6 domain scores belonging to the FSFI that are summed to obtain the overall score.
- The rule of thumb for the overall result is that scores equal to or below 26.55 are classed as indicating female sexual dysfunction (FSD).
- Usually, for domains in which the score is zero, this is indicative of the subject having reported that there was no sexual activity during the past 4 weeks.



Do you have any of the following vulvar (external genitalia) symptoms or conditions? **(Check all that apply.)

- ☐ Itching
- ☐ Burning
- ☐ Lichen sclerosis
- ☐ Vulvodynia (The sensation of vulvar burning and soreness.)
- ☐ Vestibulodynia (Pain in the area of the vestibule, where the vulva meets with the vagina.)
- ☐ None of the above

Do you have breast cancer?

- ☐ Yes
- ☐ No

Yes	No	Do you have or are you being seen for any of the following problems, now or in the past?
		Genital herpes
		Prior pelvic surgery such as hysterectomy or removal of ovaries
		Undiagnosed cervical, vaginal, vulvar, or other pelvic tumors
		Undiagnosed vaginal bleeding
		Active vaginal or vulvar infections (e.g. vaginitis, genital herpes, chlamydia, gonorrhea, etc.)
		Pregnancy, or recent delivery within 6 months
		Severe genital prolapse
		Prior radiation therapy of pelvis, genital tract, or colon or rectal areas
		Pelvic surgery with mesh
		History of prior poor wound healing
		History of keloids
		Anticoagulant therapy
		History of clotting disorders, such as DVT or PE
		History of excessive bleeding disorders
		Family history of heart disease or stroke under 50 years of age
		Family history of breast cancer, colon cancer, or ovarian cancer



Use and Disclosure of Protected Health Information (PHI)

Section I: PATIENT ACKNOWLEDGEMENT & CONSENT FORM

The educational pamphlet entitled "Notice of Privacy Practices" provides information about how Advanced Menstrual Care Center LLC may use and disclose protected health information (PHI) about you and is compliant with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our Notice of Privacy Practices states that we reserve the right to change terms described. Should this happen, we will display the new policy and effective date at the Advanced Menstrual Care Center LLC location.

You have the right to request restrictions on how your PHI may be used or disclosed for treatment, payment, or health care operations. We are not required to agree with your restrictions; but if we do, we are bound by our agreement with you.

*By signing below, you acknowledge receipt of our **Notice of Privacy Practices**.*

Patient's Signature

Date

Print Full Name

Section II (Optional):

PERSONAL REPRESENTATIVE, FAMILY OR OTHER ENTITIES AUTHORIZED ACCESS TO PROTECTED HEALTH INFORMATION (PHI) TO BE USED AND/OR DISCLOSED

Name or specifically identify those persons and/or other entities you are authorizing to make use of and/or to disclose your PHI regarding treatment, payment, and other healthcare operations.

Name of Authorized Person or Entity

Relationship

Phone #

Name of Authorized Person or Entity

Relationship

Phone #

Patient's Signature

Date

Print Full Name



HIPAA Notice of Privacy Practices

Effective 08/01/2018

NOTICE OF INFORMATION PRACTICES AND PRIVACY: 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.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose Protected Health Information that identifies you ("PHI"). Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice.

For Treatment: We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose PHI so that we, or others, may bill and receive payment from you, and insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS:

As Required by Law: We will disclose PHI when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Organ and Tissue Donation: If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes, or tissues to facilitate organ, eye, or issue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation: We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose PHI for public health activities. The activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and, the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Business Associates: To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance, and legal services.

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

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT:

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 excluding specific PHI. 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 or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes; and,
2. Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose PHI under the authorization. However, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Protected Health Information (PHI) we have about you:

Right to Inspect and Copy: You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this PHI, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

We have up to 30 days to make your PHI available to you, and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record (EMR) or an electronic health record (EHR)), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy.

Right to Get Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amend: If you feel that the PHI we have 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 kept by or for our office. To request an amendment, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, or health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care like a family member or friend. For example, you could ask that we not share information about a diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 by mail or at work. To request confidential communications, you must make your request in writing to **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.** Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website www.advancedmenstrualcarecenter.com. To obtain a paper copy of this notice, please contact **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact **Practice Manager, Advanced Menstrual Care Center, 8601 La Salle Road, Ste 104, Towson, MD 21286-2005.**

All complaints must be made in writing. **You will not be penalized for filing a complaint.**