

THE FERTILITY ACADEMY PLLC'S NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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Effective date: June 22, 2022

This Notice of Privacy Practices (“**Notice**”) describes how we may use and disclose your protected health information (“**PHI**”) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights and choices when it comes to your information. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

The Fertility Academy PLLC (“**TFA**” or “**We**”) respects your privacy. We are also legally required to maintain the privacy of your protected health information under the Health Insurance Portability and Accountability Act (“**HIPAA**”) and other federal and state laws.

Our Uses and Disclosures

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital personnel involved in your care. For example, we might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.
- **Payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Health Care Operations.** We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

Other Uses and Disclosures

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

- **Our Business Associates.** We may use and disclose your PHI to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription (“**Business Associates**”). The law requires our business associates and their subcontractors to protect your PHI in the same way we do. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Legal Compliance.** For example, we will share your PHI if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.
- **Responding to Legal Actions.**

Changes to this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.

Data Breach Notification

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us and we will make reasonable efforts to follow your instructions. You have both the right and choice to tell us whether to share information, such as your PHI, general condition, or location, with your family, close friends, or others involved in your care. We may share your information if we believe it is in your best interest, according to our best judgment.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**). Alternatively, you may request a summary of your PHI or an explanation of your PHI
- **Make Amendments.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate.
- **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your PHI (**right to request restrictions**). You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. We require that you submit this request in writing. For these requests:
- **Request an Accounting of Disclosures.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
- **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address.
- **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
 - directly with us by contacting Tara Angeles. All complaints must be submitted in writing; or
 - with the Office for Civil Rights at the US Department of Health and Human Services (visit www.hhs.gov/ocr/privacy/hipaa/complaints/).

[ACKNOWLEDGMENT OF RECEIPT TO FOLLOW]

Acknowledgment of Receipt

I, _____ (individual's name), acknowledge that on _____ (date), I received a copy of The Fertility Academy's Notice of Privacy Practices and that I read and understood it. I understand that:

- I have certain rights to privacy regarding my PHI.
- TFA can and will use my PHI for purposes of my treatment, payment, and health care operations.
- The Notice explains in more detail how TFA may use and share my PHI for other purposes.
- I have the rights regarding my PHI listed in the Notice.
- TFA has the right to change the Notice from time to time and I can obtain a current copy of the Notice by contacting Tara Angeles.

Signature

Printed Name

Date: _____

Date of Birth: _____

Relationship to Patient: _____