



Reproductive Medicine Associates of Philadelphia, P.C.
Reproductive Medicine Associates of Central Pennsylvania at PinnacleHealth

NOTICE OF PRIVACY PRACTICES
PART I

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.

Reproductive Medicine Associates of Philadelphia, P.C. and Reproductive Medicine Associates of Central Pennsylvania at PinnacleHealth (“RMA”) creates, retains, uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for various other reasons required and/or permitted by law. Your health information is contained in a medical record that is the physical property of RMA. The terms of this Notice apply to individually identifiable health information, as defined in 45 CFR 164.501, which is created, maintained, used or disclosed by RMA.

How RMA May Use or Disclose Individually Identifiable Health Information Without Your Written Authorization:

Treatment. RMA may use your health information to provide you with medical treatment or services. For example, we may instruct you to have laboratory tests, and we may use the results to diagnose your condition. We may refer your information to other physicians who will subsequently treat you. We may provide your health information to a pharmacy for the purposes of ordering a prescription, or to assist you in obtaining insurance reimbursement for your medications or sources that can provide such medication at a favorable price. We may coordinate the management of your care with other individuals, including other physicians with whom we consult.

Payment. RMA may use and disclose your health information to others for the purpose of obtaining payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

Health Care Operations. RMA may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of our staff for the purpose of evaluating the performance of our staff; assessing the quality of care and outcomes in your case and similar cases; and for learning how to improve our facilities, health care and other services. We may also disclose information about you to other entities or persons with whom you have had some relationship if such disclosures relate to the quality assessment or improvement activities of those entities, the qualification or evaluation of their health care providers, or for the purpose of ensuring compliance with health care fraud and abuse laws.

Incidental Uses & Disclosures. Incidental uses and disclosures of your health information are acceptable provided RMA has in place reasonable safeguards for preventing wrongful disclosures. For example, the

physical setup of our office may be such that two patients requiring care at the same time will be treated within close proximity to one another.

Family & Friends. RMA may determine, in its professional judgment, that disclosure to family or friends of patients are necessary and in the best interest of the patients, provided patient consent is implied *or* patient agreement has been obtained. For example, during your treatment, your spouse may be involved in discussions concerning your health.

Phone Calls/Voice Mail. In order to treat you efficiently, we may discuss your care over the phone with you, with other physicians, and in certain cases, with family members or significant others involved in your care. We will take proper measures to ensure the identity of the individual with whom we are speaking. In addition, we may leave voice mail messages for you that relate to your treatment. We will, however, ensure our patient contact information is up-to-date and accurate, and we will tailor any messages to remove health information that is individually identifiable and include only the minimum amount of information necessary. You will have an opportunity to provide a voice mail message box in which specific information (e.g. test results) may be left for you. If a third party has access to that message box, you should take steps to ensure that only those individuals with whom you wish to share your personal health information have access to that message box.

For Disaster Relief Purposes. RMA may determine, in its professional judgment, that it must use your health information in disaster relief efforts. For example, we may provide your information to authorities to assist in evacuation of individuals during a flood or fire.

Health Oversight Activities. RMA may use or disclose your health information for the purpose of conducting or participating in health oversight activities such as audits, licensure review activities and health related investigations.

Appointments/Treatment Options. RMA may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required by Law. RMA may use and disclose information about you as required by law. For example, RMA may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority: if we receive a court or administrative order we may release your information without your authorization; if we receive a discovery request, subpoena or other lawful request not accompanied by a court or administrative order, we will make an effort to inform you of the request and/or obtain written assurances from the requesting party that you have been notified or that the information will be protected as required by law.
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;
- to report crimes in emergencies

Public Health. Your health information may be used or disclosed for public health activities such as reporting of vital statistics to the Society for Assisted Reproductive Technology and the Centers for Disease Control; assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, including disclosures to individuals exposed to communicable diseases, provided we are authorized by law to make such disclosures; activities within the jurisdiction of the FDA, such as product recalls; and, in limited circumstances and after patient notification, to employers about workplace injuries, illnesses or medical surveillance.

Decedents. Health information about decedents may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research. RMA may, in limited circumstances prescribed by law, use your health information for research purposes, provided an institutional review board or privacy board has reviewed the research proposal, established protocols to ensure the privacy of your health information, approved of the research and assured us the use of your information will comply with all applicable law.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person, pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as intelligence and national security efforts, protection of public officials or reporting to various branches of the armed services of which you may be a member.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Fundraising. RMA may use certain information to contact you for fundraising efforts, but you have the right to opt out of receiving such fundraising communications.

Other Uses. Our practice will obtain your written authorization for uses and disclosures that are not identified in this Notice, including disclosure of your information to a relative or other person you designate to receive such information as a matter of convenience, and including the use of your information for marketing purposes and the sale of your information, unless we are permitted by law to make such disclosures without authorizations. You may revoke any authorization, in writing, except to the extent RMA has taken action in reliance on such authorization.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of information. Your request should be detailed in writing. RMA is not required to agree to a requested restriction;
- Request that we not share certain information regarding a service or health care item with your health insurer if you have paid for such service or item out-of-pocket and in full.
- Obtain a paper copy of this notice of privacy practices upon request;
- Inspect and obtain an electronic or paper copy of your health record as provided for in 45 C.F.R. Sec. 164.524. You should submit your request in writing to our Privacy Officer. We may charge copying and mailing fees. We may deny your request in certain circumstances, but you may request a review of our denial by another health care professional of our choosing;
- Request that your health record be amended as provided in 45 C.F.R. §164.526. Such request should be in writing and state the reasons for amendment. We may deny your request in certain circumstances;
- Request communications of your health information by alternative means or at alternative locations, for example, you may ask not to be contacted by our office while you are at work. We will accommodate all reasonable requests;

- Receive an accounting of disclosures made of your health information as provided by 45 C.F.R. §164.528. However, you should note that our office may not be required by law to document, or provide access to records of, all disclosures made by our office.

Complaints

You may complain to RMA and/or to the Department of Health and Human Services if you believe your privacy rights have been violated. Complaints should be forwarded, in writing, to our Privacy Officer. You will not be retaliated against for filing a complaint.

Obligations of Reproductive Medicine Associates of Philadelphia, P.C. and Reproductive Medicine Associates of Central Pennsylvania at PinnacleHealth

RMA is required by law to:

- maintain the privacy of protected health information;
- provide you with this Notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this Notice as it is currently in effect;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or in alternative locations;
- notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

RMA reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you directly through those who provide treatment to you or through our privacy officer.

Reproductive Medicine Associates of Philadelphia, P.C.

EMAIL CONSENT

Part II

Risk of Using Email

Reproductive Medicine Associates of Philadelphia and Reproductive Medicine Associates of Central Pennsylvania at Pinnacle Health (RMA) offers patients the opportunity to communicate about their care by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before using e-mail. These include, but are not limited to, the following risks: E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.

- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily misaddress an e-mail, or e-mail may inadvertently be delivered to a spam folder or unintended mailbox.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- Employers and on-line services have the right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

Conditions of Using Email

RMA will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined above, RMA cannot guarantee the security and confidentiality of e-mail communication and, if you wish to use e-mail, you agree that RMA will not be liable for improper disclosure of confidential information that is not caused by RMA intentional misconduct. Thus, the patients must consent to the use of e-mail includes agreement with the following conditions:

- RMA will not forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although RMA will endeavor to read and respond promptly to an e-mail from the patient, RMA cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time sensitive matters.
- If the patient's e-mail requires or invites a response from RMA staff and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- The patient should not use e-mail for communication regarding sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

- The patient is responsible for protecting his/her password or other means of access to e-mail. RMA is not liable for breaches of confidentiality caused by the patient or any third party.
- It is the patient's responsibility to follow up and/or schedule an appointment if warranted.

Instructions for using email

To communicate by e-mail, the patient shall:

- Limit or avoid use of his/her employer's computer.
- Inform RMA of changes in his/her e-mail address.
- **Put the patient's name in the body of the e-mail.**
- Include the category of the communication in the e-mail's subject line, for routing purposes (e.g., billing question).
- Review the e-mail to make sure it is clear and that all relevant information is provided before sending to RMA
- Take precautions to preserve the confidentiality of e-mail, such as using screen savers and safeguarding his/her computer password.
- Withdraw consent only via written communication to RMA

Contact Information

If you have any questions or complaints, please contact:

Bruce Goldstein, Chief Operating Officer
215.654.1544 or
bruceg@rmaphiladelphia.com

**ACKNOWLEDGEMENT OF RECEIPT OF REPRODUCTIVE MEDICINE ASSOCIATES OF
PHILADELPHIA NOTICE OF PRIVACY PRACTICES
PART I**

By signing this document, I acknowledge that I have read and understand Reproductive Medicine Associates of Philadelphia's Notice of Privacy Practices.

Date: _____

Name (Print): _____

Signature: _____

In addition, I hereby authorize the following people to receive information regarding my treatment:

My Partner: Name _____

Other: Name _____

If you were referred to RMA by your ob-gyn or primary care physician, we will routinely communicate with them about your care. If you were not referred by a physician but have identified a primary care physician and/or ob-gyn during registration, we will also communicate with them, unless you specifically ask us not to communicate with them about your care. Also, please advise RMA if there is another health care provider (other than your primary care physician and/or ob-gyn) with whom you would like us to communicate about your care.

I do not want RMA to communicate with my providers

Other health care providers with whom RMA should communicate:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature: _____

Your care at RMA will require frequent contact with our staff. If you are not available to receive a phone call and would like your results and medication instructions left on voicemail, please indicate a phone number at which these detailed messages contacting protected health information can be left by our clinical staff.

Phone Number: _____

Signature: _____

**EMAIL CONSENT
PART II**

Email: I understand the risks associated with the communication of e-mail between RMA and me, and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that RMA may impose to communicate with patients by e-mail. Any questions I may have had were answered. I have provided my email address below:

Email address: _____

Date: _____

Name (Print): _____

Signature: _____