

ADVANCED INSTITUTE OF FERTILITY

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.

Your medical information is personal and the Advanced Institute of Fertility (AIOF) has always worked to protect it. For many years various state laws have protected this information. Now, in addition, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides protection. HIPAA requires us to give you this Notice of our legal duties and privacy practices with respect to your medical information. When state law is more protective of your medical information, (for example, with respect to HIV testing) we will abide by state law. This Notice applies to all of the records of your care generated by this office whether created by a physician or other staff. This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. We will follow the terms of the Notice that is currently in effect.

HOW AIOF MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

By law, we may use or disclose your medical information without your written authorization for the purposes listed below. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment: We create a record of the care and services you receive at AIOF. We need this record to provide you with quality care and to comply with certain legal requirements. We will use medical information about you in the record to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, and other office personnel who are involved in providing you medical treatment.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at AIOF may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for AIOF operations. These uses and disclosures are necessary to run our offices and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional

services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients. Your information may be disclosed to organizations that review the quality of our services for accreditation, certification or licensing purposes.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at one of our offices. For example, we may contact you by telephone regarding your next appointment. Should you not be home, we will leave your appointment time with a family member, significant other, or on your telephone answering machine.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that maybe of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release certain limited medical information about you to a friend or family member who is involved in your medical care such as information related to your general condition. We may also give information to someone who helps pay for your care. If a friend or family member is present when care is being provided, we will assume that person may hear the discussion unless you object.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, work-related illness or injury, child abuse and neglect, domestic violence, adverse drug reactions, or to a coroner or medical examiner to identify a deceased person or determine the cause of death.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you as required by law and standards of ethical conduct, if we believe in good faith that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities: We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may use your medical information to defend AIOF or to respond to a subpoena or court order.

Law Enforcement: We may release medical information about you, if required by law, when asked to do so by a law enforcement official.

Tissue Donation: We may disclose your health information to health care providers and other individuals in connection with donations of sperm, ova or embryos which you have authorized in any AIOF consent forms you have signed.

Research: Under certain circumstances, and only after a special approval process, we may use and disclose your health information to conduct research – for example, to determine the efficacy of a certain treatment.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information AIOF maintains about you:

Right to Inspect and Copy: You have the right to inspect and copy your medical information, with limited exceptions such as for information compiled in anticipation of a legal proceeding. To inspect and copy your medical information, you must submit your request in writing to Privacy Officer at AIOF. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding such a review contact Privacy Officer at AIOF.

Right to Amend: If you feel that medical information we have about you 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 AIOF. To request an amendment, your request must be made in writing and submitted to Privacy Officer at AIOF. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (1) Was not created by us;
- (2) Is not part of the medical information kept by AIOF;
- (3) Is not part of the information which you would be permitted to inspect and copy; or
- (4) Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures AIOF has made of your medical information. This accounting does *not* include, for example, disclosures made to you, to others involved in your care or payment for your care, or for treatment, payment and health care operations. To request this accounting of disclosures, you must submit your request in writing to Privacy Officer at AIOF. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. *We are not required to agree to your request for a restriction.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Privacy Officer at AIOF.

Right to Request Confidential Communications: You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you only at work or by mail. To request confidential communications, you must make your request in writing to Privacy Officer at AIOF. We must accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact any receptionist at any AIOF office.

REVISIONS TO THIS NOTICE

We reserve the right to revise this Notice. Any revised Notice will indicate its effective date and will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in this office.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with this office, contact Privacy Officer at AIOF at 414-645-5437 or by mail at St. Lukes Medical Center, 2801 West Kinnickinnic River Pkwy., Milwaukee, WI 53215. All complaints must be submitted in writing. **THIS OFFICE WILL NOT PENALIZE YOU IN ANYWAY FOR FILING A COMPLAINT.**