

Notice of Privacy Practices of The Reproductive Medicine Group

TO OUR PATIENTS: THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT OF THIS PRACTICE, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. THIS IS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW IT CAREFULLY.

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and we are also required to provide you with this notice of our legal obligations and our privacy practices.

We realize that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. As provided for by the Privacy Rule, The Reproductive Medicine Group may use and disclose protected health information (PHI) for treatment, health care operations and payment.

“Treatment” is a defined term for the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.

“Health care operations” is a defined term for conducting quality assessments and improvement activities, protocol development, case management and care coordination, contacting healthcare providers and patients with information about treatment alternatives; peer review, health plan performance, training programs for students, accreditation, certification, licensing, or credentialing activities; underwriting, premium rating and other activities relating to the creation, renewal of replacement of health insurance contracts or benefits; conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and business management and general administrative activities of the entity, including but not limited to: HIPAA related activities;

“Payment” is a defined term that encompasses the various activities of health care providers to obtain payment or be reimbursed for their services.

In addition to the general definition, the Privacy Rule provides examples of common payment activities which include, but are not limited to:

- Determining eligibility or coverage under a plan and adjudicating claims;
 - Risk adjustments;
 - Billing and collection activities;
 - Appointment Reminders
 - Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
 - Utilization review activities; and
 - Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).
2. To public health authorities and health oversight agencies that are authorized by law to collect information.
 3. Lawsuits and similar proceedings in response to a court or administrative order.
 4. If required to do so by a law enforcement official.
 5. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
 6. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 7. To federal officials for intelligence and national security activities authorized by law.
 8. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
 9. For Workers Compensation and similar programs.

Your rights regarding your health information

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations or for some other reason. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but NOT including psychotherapy notes. You must complete a Release of Protected Health Information Form, available from the Privacy Officer at the office at which you are seen.

The Reproductive Medicine Group reserves the right to charge a fee for copying medical records. The practice will provide the first copy of medical records to an individual in any 12-month period at no charge. Per the HIPAA specifications The Reproductive Medicine Group has up to 30 days to complete your request if your information is maintained on-site. If the information is off-site the time period is 60 days.

- You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to The Privacy Officer at the office where your chart is maintained. You **MUST** provide us with a reason that supports your request for amendment.

The Reproductive Medicine Group reserves the right to refuse a request to alter or change your health information but will maintain as part of your medical record your request and our written refusal to change such information.

- You are entitled to receive a copy of this Notice of Privacy Practices. You may ask for a copy of this Notice at any time. To obtain a copy of this notice, contact the Privacy Officer at the location you are regularly seen at.
- Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You are entitled to a copy of any and all disclosures of your Protected Health Information we may have made for purposes other than Treatment, Payment and Healthcare Operations.
- If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our practice, please contact the Privacy Officer at the office where you are regularly seen. We will not retaliate or take action against you for filing a complaint.

South Susan Reatherford 2919 Swann Ave. Suite 305 Tampa, FL 33609 813-870-3553	North Kelly Gast 5245 E. Fletcher Ave. Suite 1 Tampa, FL 33617 813-914-7304	Clearwater Angela Acosta 3165 McMullen Booth Dr. Bldg. F Suite 2 Clearwater, FL 33671 727-724-0702	Brandon Susan Reatherford 612 Medical Care Drive Brandon, FL 33511 813-661-9114
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- The Reproductive Medicine Group reserves the right to change the terms of this Notice of Privacy Practices and make the amended Notice of Privacy Practices provisions effective for all Protected Health Information maintained by the practice. In the event of a revision or change to the Notice of Privacy Practices, the amended Notice shall be posted for patient review at each location and a copy available upon request.
- This notice was published and first became effective on April 1st 2003.