

# Southwest Florida Fertility Center, P.A.

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## NOTICE OF HEALTH INFORMATION 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.*

### **Understanding Your Health Record / Information**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- a basis for planning your care and treatment
- a means of communication among the many health professionals who contribute to your care
- a legal document describing the care you received
- a means by which you or a third-party payer can verify that services billed were actually provided
- a tool in education health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- an understanding of what is in your record and how your health information is used to help you to:
  - ensure its accuracy
  - better understand who, what, when, where, and why others may access your health information
  - make more informed decisions when authorizing disclosure to others

### **Your Health Information Rights**

Although your health record is the physical property of *Southwest Florida Fertility Center, P.A.*; Jacob L. Glock, M.D., the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

### **Our Responsibilities**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied to us.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the director of health information management at (239) 561-3430.

If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by a nurse, physician, or other member of our staff will be recorded in your record and used to determine the course of treatment that should work best for you. Dr. Glock will document in your record his expectations of the members of our staff. The staff will then record the actions they have taken and their observations. In that way, Dr. Glock will know how you are responding to treatment.

We will also provide Dr. Glock or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from our office or hospital; if applicable.

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*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedure, and supplies used.

*We will use your health information for regular health operations.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

*Federal Government:* Due to the Centers for Disease Control and Prevention (CDC) implementing *The Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA)*, members of the medical staff must submit information related to all in vitro fertilization cycles to the Society for Assisted Reproductive Technology (SART) who will then forward the information to the CDC.

*Business Associates:* There are some services provided in our organization through contacts with Business Associates. Examples include diagnostic services, certain laboratory test, and anesthesia. When these services are contracted, we may disclose your health information to our Business Associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Organ / Tissue procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**For example:** Members of our staff are required to notify the different Sperm Banks of pregnancies resulting from donated sperm.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**Effective Date: April 10, 2003**

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**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**