

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. We will also be obtaining your written acknowledgement that you had the opportunity to review this Notice of Privacy Practices (“Notice”). This Notice applies to InVia Fertility, hereafter referred to as just InVia Fertility (“we” or “us”).

We, physicians and staff, are required by applicable federal and state law to maintain the privacy of your PHI. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect April 14, 2003, and will remain in effect until we replace it.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

We use and disclose PHI about you for treatment, payment and health care operations. For example:

Treatment: We may use your PHI to treat you or disclose your PHI to a physician or other health care provider providing treatment to you. We may disclose your PHI to doctors, nurses, hospital medical staff, pharmacists, or other support personnel involved in your care.

Payment: Your PHI may be used or disclosed by us to bill and/or collect payment for treatment and services provided to you.

Health Care Operations: We may use or disclose your PHI in conjunction with our health care operations. Health care operations include, but are not limited to, licensing or credentialing physicians and ancillary staff, reviewing the qualifications and/or competence of health care professionals, evaluating staff performance, conducting training programs, quality assessment and improvement programs.

To You and on Your Authorization: You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. You may also revoke this authorization in writing at any time. This written revocation will not affect any use or disclosures of your PHI permitted by your original written authorization while it was in effect.

Individuals Involved in Your Care or Payment for Your Care: Upon receiving your authorization, your PHI may be disclosed to a family member, friend or other person involved in your care or payment of your medical care. Since the nature of infertility is to generally treat the couple, your PHI will be shared with your partner, unless you request, in writing, for your PHI to not be shared with your partner. If you are a non-infertility patient, whose parents may be paying for your medical care, we will not disclose your confidential PHI to them without your written authorization.

Appointment Reminders: We may use your PHI to contact you to provide appointment reminders, by telephone, in writing or via secure email.

Research: We may use or disclose your PHI for research purposes in limited circumstances. You will be asked for your written permission if your PHI that specifically identifies you will be used or disclosed in the research project.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

We may use or disclose your PHI for law enforcement purposes or in response to a valid subpoena.

Public Health Risks: We may disclose your PHI for Public Health Activities including to prevent or control disease, injury or disability; to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; to report adverse reactions to medications or problems with products; to report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, accreditation and/or licensure.

Lawsuit and Disputes: We may disclose your medical information in response to a subpoena or court order, if you are involved in a lawsuit or a dispute, only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, if that is required by law.

Law Enforcement: We will release your medical information if requested by a law enforcement official, if either a valid authorization from you is provided, or a court subpoena requires such a release.

Uses and Disclosures for Specialized Government Functions: The practice uses and discloses PHI for military and veteran's activities, national security and intelligence activities, and other activities as required by law.

Uses and Disclosures – Do Not Apply to Practice

Other Uses and Disclosures: The practice does not use or disclose PHI to employers or health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, or for fundraising. If an individual wants the practice to release his or her PHI to employers or health plan sponsors, for underwriting and related purposes, for facility directories, or to brokers and agents, then he or she can contact the practice and complete an appropriate written authorization.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR PROTECTED MEDICAL INFORMATION (PHI)

Your medical record is the physical property of the Practice of InVia Fertility however, the information within your medical record belongs to you. You have the right to:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. To do so, you must submit your request in writing to the address at the end of this notice. Please refer to our website www.inviafertility.com for applicable copy charges.

Right to Amend: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if it is not in writing or does not include a reason. We may deny your request for an amendment of your medical information if we were not the originator of the medical information, or if your medical information is accurate and complete.

Right to Request Restrictions: You have the right to request that we restrict the use or disclosure of your medical information. We are not required to agree to your request. If we do agree, we will comply with your request unless your medical information is needed to provide you emergency care. To request restrictions, you must do so in writing. Your request must state what information you want us to limit, whether you want to limit or use, disclosure or both, and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make this request in writing. We will not ask the reason for your request. We will make every effort to accommodate all reasonable requests.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures of your medical information made by us since April 14, 2003. Such disclosures will not include those made for purposes of treatment, payment or healthcare operations or disclosures to you or authorized by you.

Right to Complain: If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you in a certain way or at a certain location, you may complain to us using the contact information at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice. You may ask for a copy of this notice at any time.

CONTACT INFORMATION: The practice has a privacy officer that serves as the contact person for all issues related to the Privacy Rule. Please contact the practice directly at 847-884-8884 to obtain the name and contact information of InVia Fertility's privacy officer. If you have any questions about this notice or any privacy concerns, please contact InVia Fertility.