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## Notice of Privacy Practice

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED BY MIDWEST FERTILITY SPECIALISTS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Effective Date: July 1, 2004**

**1. Reasons for this notice.** Any information that concerns your health, health care or payment for that care is considered confidential and protected by Midwest Fertility Specialists (MFS). This information includes your name, address, and other identifying data, as well as information about your health and the health services that have been or may be provided to you. This Notice describes the privacy practices of MFS and tells you how MFS may use and release the information that MFS will have about you if you receive services from MFS. This Notice will also tell you what rights you have with respect to your medical information. MFS requires all of its employees, staff, and independent contractors to comply with these privacy practices.

**(a) Use of this Notice.** MFS owns and/or operates two (2) physician medical group practices located in Carmel and Fort Wayne, and services patients in Bloomington, Noblesville and Champaign, IL. This notice pertains to all patients seen by our clinicians in these offices.

**(b) Acknowledgement of Receipt of this Notice.** We are required by federal law to obtain a signed acknowledgment from you that you have received a copy of this notice, or were offered a copy by our staff. By signing the "Acknowledgement" form as provided, you will be acknowledging the receipt of this Notice.

**(c) Additional Information.** If you have any questions regarding this Notice or would like to discuss any of the privacy practices discussed in this Notice, please contact the Privacy Officer at (317) 571-1637 or write to Privacy Officer, 12188 A North Meridian, suite 250, Carmel, IN 46032.

**2. The Use and Disclosure of Medical Information for Treatment, Payment and Health Care Operations.** The law allows MFS to use and share your medical information for purposes related to your medical treatment ("Treatment"), the payment of your medical treatment ("Payment") and the healthcare

operations of MFS

("Operations"). This includes the sharing of information as necessary between the hospitals, clinics, physicians, employees, staff volunteers and independent contractors that may be working together in providing services to you on behalf of MFS.

**Treatment** means the provision, coordination or management of health care and related services by or involving MFS, such as the coordination of consultations and referrals. For example, as part of your treatment MFS can take any of the following actions:

- Share medical information regarding your health condition with another health care provider as part of a consultation
- Share medical information regarding your health condition with another health care provider who indirectly provides services to you, such as a radiologist or pathologist
- Contact you to remind you of an appointment or to schedule an appointment
- Notify you regarding treatment alternatives or other health-related benefits and services that may be of interest to you

**Payment** means the activities related to getting paid for the services that MFS provides to you . Payment includes determining your eligibility and coverage for services with your insurance company or the person who pays your medical bills, coordination of benefits with other insurers, billing claims management, collection, medical necessity review activities, utilization review activities, and disclosure to consumer reporting agencies. For example:

- MFS may share with your health plan medical information that is required by the plan to determine whether the services that you request are covered by your health plan
- MFS may share with your health plan a list of the services that you obtained from MFSHealth so that MFS can be paid by the health plan for providing the services to you

**Operations** covers a wide range of activities in which MFS engages to operate its business. These activities may be performed by MFS or in some cases, by third-party contractors. For example, some of these activities include:

- Quality assessment and quality improvement activities
- Peer review, including evaluating practitioner performance
- Credentialing, licensing and training programs

- Legal and financial services, including engaging attorneys to defend MFS in a legal action
- Business planning and development
- Management activities related to privacy practices
- Customer services
- Internal grievances
- Creating de-identified information for data aggregation or other purposes
- Fundraising
- Certain marketing activities

**3. Authorizations for Other Uses and Disclosures of Your Medical Information.** Unless a use or disclosure is permitted for treatment, payment or operations purposes under Section 1, or is permitted or required under Section 4 or 5, MFS must obtain a signed Authorization from you to use or disclose your medical information. MFS may also require an Authorization when using or disclosing certain, highly protected information, such as substance abuse information. An Authorization is a written permission that specifically identifies the information that MFS will use or disclose, and when and how MFS will use or disclose it. You may revoke an Authorization at any time except when MFS has already used or disclosed information based on your Authorization.

**4. Use and Disclosure of Medical Information Your Authorization If You Don't Object Verbally.**

Under certain circumstances, MFS may use or disclose your medical information without an Authorization or other written permission from you if MFS allows you to agree or object verbally. These circumstances are as follows:

**(a) To a Relative, Friend or Individual Involved in Your Care.** Health professionals, using their best judgment, may provide to a family member, other relative, a close friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**5. Use and Disclosure of Medical Information Without your Consent, Authorization or Opportunity to Agree or Object Verbally.**

Under certain circumstances, MFS may use or share your medical information without an Authorization or other permission from you. These circumstances are as follows:

**(a) As Required by Law.** Numerous federal, state, and local laws require certain uses and disclosures of medical information. MFS will use or disclose your medical information as required by these laws.

**(b) To Business Associates.** MFS may share your medical information with its business associates,

who perform functions on behalf of MFS, provided that MFS first receives a signed the business associate will protect the confidentiality of your medical information.

**(c) Public Health Activities.** MFS may provide medical information for public health activities under the following circumstances:

- To a public health authority to:
  - Prevent or control disease, injury or disability
  - To report a birth, death, disease or injury
  - As part of a public health surveillance, investigation or interventions
- To the Food and Drug Administration to report adverse events, such as product defects, adverse reactions to medications, to track products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance
- To notify a person about exposure or risk of spreading a possible communicable diseases
- To your employer, if your employer provides health care to you, in order to conduct an evaluation relating to medical review of the workplace or to evaluate whether you have a work-related illness or injury

**(d) Abuse, Neglect, Domestic Violence.** MFS may share with a governmental authority, social service or protective services agency to report possible abuse, neglect or domestic violence, if the disclosure is required by law, if MFS believes the disclosure is necessary to prevent serious harm to you or other persons, or if you are unable to respond. If MFS makes such a disclosure, you will be notified promptly unless notification to you would place you at a risk of serious harm or not otherwise be in your best interest.

**(e) For Health Oversight Activities.** MFS may disclose your medical information to a health oversight agency for oversight of the health care system, and related government and private programs for:

- Audits
- Civil, administrative, or criminal investigations and proceeding
- Licensure actions
- Government investigations
- Inspections
- Disciplinary proceedings

**(f) For Judicial and Administrative Proceedings.** If you are involved in a lawsuit, MFS may share your

medical information as required by a court or administrative order, subpoena, discovery request or other legal process, if MFS receives proof from the party requesting the information that you have been given informed of the request or that reasonable efforts have been made to obtain a qualified protective order.

**(g) To Law Enforcement.** MFS may share your medical information to police and other law enforcement officers, pursuant to a court order, warrant, subpoena, summons, administrative request, or similar legal process to assist in locating or identifying a suspect, fugitive, victim, witness, missing person, or stopping a possible crime or notifying of deaths that may have been caused by criminal conduct.

**((h) For Research Purposes.** MFS participates in medical research, such as tracking particular diseases and testing new medications and procedures. We may release your protected health 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 protected health information.

**(i) To Avert a Serious Threat to Health and Safety.** MFS may use or release your medical information to avert a serious and imminent threat to the health and safety of an individual or the public.

**(j) For Specialized Government Functions** such as:

- Armed Forces. MFS may share your medical information if you are a member of the Armed Forces, as required by military command authorities.
- National Security and Intelligence. MFS may share your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities, and for protective services to the President and other heads of state or authorized persons.
- Other Governmental Agencies. MFS may share your medical information with other government entities that provide public benefits to populations similar to the population, which MFS serves, if necessary to coordinate the functions of the programs.

**(k) For worker's Compensation.** MFS may share information as authorized by workers compensation and similar laws that provide benefits for work-related illness and injuries.

**(l) Other Permitted Disclosures.** MFS may use or release your medical information as required or permitted by the privacy the Health Insurance Portability and Accountability Act (HIPAA).

**6. Individual Rights.** You have the following rights with respect to your medical information:

**(a) Restrictions** You may ask MFS not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be released to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you may want with your physician or contact the Privacy Officer at (317) 571-1637.

**(b) Confidential Communications.** You have the right to request in writing MFS to restrict the way in which MFS communicates information regarding your health, health care services, or payment. For instance, you may ask that MFS communicate with you only at your home, not at your workplace. MFS will use reasonable efforts to accommodate your request. Please contact Privacy Officer at (317) 571-1637 to obtain a form to use to request such a restriction.

**(c) Inspection/Copying.** You have the right to inspect and copy your medical information maintained by MFS. MFS will make every reasonable attempt to provide you with access to your medical information within thirty (30) days of your request if the records are stored on site. MFS may charge a reasonable copying fee. In certain limited instances, MFS may deny you access, such as when the contain psychotherapy notes. If MFS denies your access, you have a right to appeal the denial. Any request to inspect and copy medical information should be made to the Privacy Officer.

**(d) Amendment.** If you feel that the medical information we have about you is incorrect or inaccurate, you may ask us to amend that information. You have the right to request this amendment as long as we keep the medical information. To request an amendment, please provide the request in writing to the Privacy Officer.

**(e) Accounting.** You have the right to request that MFS provide you with an accounting of certain disclosures made by MFS of your medical information during the six (6) years prior to your request, but no earlier than July 1, 2004. MFS will generally provide you with your accounting within sixty (60) days of your request. Your request will be filled at no cost to you once every twelve (12) months. For additional accountings, MFS will notify you in advance of the cost and give you an opportunity to continue or

withdraw your request. These disclosures do not include those made for purposes of Treatment, Payment or Operations, for the facility directory, and for other limited purposes

**(g) Complaints.** If you believe that any of your rights with respect to your medical information have been violated by MFS, you may file a complaint with MFS and/or the Secretary of the Department of Health and Human Services. Please contact the Privacy Officer at (317) 571-1637 to obtain a complaint form. MFS will not retaliate against you for filing a complaint.

**7. MFS's Duties.** MFS is required by law to maintain the privacy of your medical information and to provide you with this Notice of Privacy Practices which outlines legal duties and privacy practices with respect to your medical information. MFS must comply with the terms of the Notice currently in effect. MFS reserves the right to change its privacy practices retroactively with respect to medical information previously created or received. MFS will revise the Notice if it materially changes any use, disclosure, individual right or legal duty or other privacy practice stated in this Notice and will highlight in the Notice the changes from the prior Notice. Please contact the Privacy Officer at (317) 571-1637 to obtain a copy of a revised Notice.