



## **JOINT NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Introduction**

This Joint Notice of Privacy Practices is being provided to you on behalf of **Seattle Reproductive Medicine** with respect to reproductive medicine services provided at **Seattle Reproductive Medicine** facilities (collectively referred to herein as “We”, “Our” or “SRM”). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information.” Protected health information includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care.

### **Your Rights**

Although your health record is the physical property of SRM the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by applicable law.
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health record as provided for by applicable law.
- request to amend your health record as provided by applicable law.
- obtain an accounting of disclosures of your health information as provided by applicable law.
- 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:**

We are 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 requests 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 us.

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

## **Permitted Uses and Disclosures**

*We will use your health information for **treatment**.* For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you're discharged from this practice.

*We will use your health information for **payment**.* For example: if you indicate your interest in participating in the Shared Risk Refund Program, we will provide relevant information concerning your medical condition to IntegraMed America, Inc. for determination of your qualifications for this payment assistance program.

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, procedures and supplies used.

*We will use your health information for regular **health operations**.* For example: Members of the clinical 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 healthcare and the reproductive medicine service we provide.

*We will collect health information on you and your spouse/significant other.* For example: Although health information in your medical record belongs to you, it will contain some information pertaining to your spouse/significant other. This is because the treatment of infertility may focus on the couple, rather than the individual. We will share information with either partner, unless you indicate otherwise.

## **Other Uses or Disclosures of Protected Health Information**

**Business Associates:** There are some services provided at SRM through contacts with business associates. Examples include: the management services of IntegraMed America, certain laboratory tests, and the services of transcription companies or billing companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do, and bill you or your third party payer for services rendered. So that your health information is protected, 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 Spouse/ Family:** Health professionals, using their best judgment, may disclose to your spouse, family member, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object.

**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. In most cases, we will de-identify your patient information so that others can use the de-identified information to study reproductive health care and health care delivery without learning who you are.

**Marketing:** We may contact you to tell you about or recommend possible treatment alternatives or other reproductive medicine technology 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, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**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. Data from your assisted reproductive technology (ART) procedure will also be provided to the Centers for Disease Control and Prevention (CDC). The 1992 Fertility Clinics Success Rate and Certification Act requires that the CDC collect data on all ART cycles performed in the United States annually and report success rates using these data. Because sensitive information will be collected on you, the CDC applied for and received an “assurance of confidentiality” for this project under the provisions of the Public Health Service Act, Section 308(d). This means that any information that the CDC has that identifies you will not be disclosed to anyone else without your authorization.

**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 workforce 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.

**Note: HIV-related information, genetic information, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.**

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

If you believe your privacy rights have been violated, you should immediately contact:

**Carol Levy: (206)301-5030**

We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

If you have any questions or would like further information about this notice, please contact:

**Carol Levy: (206)301-5030**

This notice is also available on our website at [www.integrated.com](http://www.integrated.com)

This notice is effective as of April 14, 2003

