

The Midwest Center for Reproductive Health, P.A. Notice of Privacy 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.

The Midwest Center for Reproductive Health, P.A., including its subsidiary Great Planes Reproductive Centers, P.A., is required by law to maintain the privacy of protected health information ("PHI") and to provide you with notice of its legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") will tell you about the ways in which we may use and disclose your PHI for treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI. We are required to provide this notice to you by the Health Insurance Portability and Accountability Act ("HIPAA").

We are required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you, at the time of your appointment, in the mail or you may review the revised Notice, which will be posted in our office.

How We Use and Disclose Protected Health Information About You

The following categories describe different ways that we use and disclose your protected health information. We have provided you with examples in certain categories; however, not every use or disclosure that is in a category and permitted by law will be listed.

Treatment. We may use and disclose your PHI to provide and coordinate the treatment and services you receive. For example, we will disclose your information as necessary to a health care practitioner or agency that provides care to you. We may contact you about treatment recommendations or product recalls.

Payment. We may use and disclose your PHI for various payment-related functions. For example, we may contact your insurer or other health care payor to determine whether it will pay for your treatment and the amount of your co-payment. We will bill you or a third-party payor for the cost of the services you receive. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and the specific services you received.

Health care operations. We may use and disclose your PHI for certain operational, administrative and quality assurance activities. For example, we may use information in your health record to monitor the performance of staff members providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care services we provide. We may disclose by calling your name in the clinic area or by asking you to use a sign in sheet at the registration desk. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to safeguard protected health information.

Health-related benefits and services. We may also use your PHI to provide you with information about benefits available to you, and, in limited situations, about health-related products or services that may be of interest to you.

Appointment reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment with us for services.

Others involved in your care. We may also disclose to certain family members, personal friends or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care in order to not hinder that person's involvement. We may release information to parents or guardians, if allowed by law.

Potential Impact of Laws Other than HIPAA

HIPAA privacy regulations generally do not "preempt" (or take precedence over) state or federal laws that provide individuals greater privacy protections. For example, state law requires us to obtain your written consent before making some of the disclosures described above. We will follow more stringent state and federal privacy laws where they apply.

Other Uses and Disclosures

We are permitted to use or disclose your PHI for the following purposes, but we may never have reason to make some of these disclosures.

Worker's compensation. We may disclose your PHI as required to comply with laws relating to worker's compensation and similar programs established by law.

Public health. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability. Public health disclosures include cycle-specific data we report to the Society for Assisted Reproductive Technology.

Law enforcement. We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

As required by law. We will disclose your PHI when required to do so by federal, state or local law.

Health oversight activities. We may disclose your PHI to an oversight agency for activities authorized by law, such as audits, investigations, inspections, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Legal proceedings. If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested information.

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

Coroners, medical examiners, funeral directors and organ donations. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors to enable them to carry out their duties and to organ organizations that handle organ and tissue donation or transplant.

Correctional institution. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

To avert a serious health or safety threat. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military activity and national security, protective services. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities and for the protection of the President, other authorized persons or heads of state.

Victims of abuse, neglect or domestic violence. We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will disclose this type of information if it is required by law or the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy regulations.

Other uses and disclosures of PHI. We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

Obtain a paper copy of the Notice on request. You may ask for a copy of our current Notice at any time. Even if you agreed to receive the Notice electronically, you are still entitled to a paper copy.

Inspect and obtain a copy of PHI. You have the right to access and copy most of the PHI that we maintain about you. To inspect or copy your PHI, you must give us a written request. We may deny your request to inspect and copy in certain limited circumstances. If we deny your request, we will notify you of the denial in writing and will explain the basis for our denial. You may ask that the denial be reviewed.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by giving us a written request describing the restriction you seek and to whom it applies. We are not required to agree to those restrictions and cannot agree to restrictions on uses or disclosures that are legally required or which are necessary to administer our business. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Request communications of PHI by alternative means or at alternative locations. You may ask us to contact you at a different residence or post office box. To request confidential communication of your PHI, you must give us a written request telling us how or where you would like to be contacted. We will accommodate all reasonable requests. As permitted by HIPAA, "reasonableness" will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment.

Request an amendment of PHI. If you believe that PHI we maintain about you is incomplete or incorrect, you may ask us to amend it. To request an amendment, you must give us a written request that includes the reason for your request and any supporting documents, if applicable. We will give all requests careful consideration, but in certain cases, we may deny your request for amendment. If we make the amendment you request, we also may notify those who work with us and have copies of the uncorrected record, if we believe such notification is necessary. If we deny your request, we will notify you of the denial in writing and will explain the basis for our denial. You have the right to file a statement of disagreement with us and we have the right to rebut that statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we make of your PHI after April 14, 2003, for most purposes other than treatment, payment or health care operations or disclosures that you or your personal representative authorized. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To request an accounting, you must submit a written request specifying the time period. The time period may not be longer than six years and may not include dates before April 14, 2003.

Minors. If you are a minor who has lawfully provided consent for treatment and you wish for us to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify one of the staff members or the Privacy Officer.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with us by calling us or by sending your written complaint to our Privacy Officer at the address given below. You may also file a complaint with the U.S. Department of Health and Human Services – Office for Civil Rights. We will not retaliate against you for filing a complaint.

Contacting Us

To obtain forms for submitting written requests, receive additional information about The Midwest Center for Reproductive Health, P.A.'s privacy practices or file a complaint, you may contact our Privacy Officer at The Midwest Center for Reproductive Health, P.A., Attn: Privacy Officer, 12000 Elm Creek Boulevard North, Suite 350, Maple Grove, MN 55369. You may also call us at (763) 494-7700.

Effective Date

This Notice is effective as of June 25, 2003.