

# Specialists In Reproductive Medicine & Surgery, P.A.

[www.DreamABaby.com](http://www.DreamABaby.com) • [Fertility@DreamABaby.com](mailto:Fertility@DreamABaby.com)

*Excellence, Experience & Ethics*



## **SRMS NOTICE OF PRIVACY PRACTICES, VERSION 1.0**

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
*Effective Date of This Notice is April 15, 2003*

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI).**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

Specialists In Reproductive Medicine & Surgery, P.A. (SRMS) is dedicated to maintaining the privacy of your Individually Identifiable Health Information (IIHI) or otherwise referred to as your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in SRMS concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

**The terms of this notice apply to all records containing your PHI that are created or retained by SRMS. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that SRMS has created or maintained in the past and for any of your records that we may create or maintain in the future. SRMS will post a copy of our current Notice in our offices in a visible location at all times. You may request a copy of our most current Notice at any time and it will also be available on our web site at [www.DreamABaby.com](http://www.DreamABaby.com).**

**B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

*HIPAA Privacy Officer  
12611 World Plaza Lane  
Building 53  
Ft Myers, FL 33907  
Tel: 239-275-8118*

**C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:**

The following categories describe the different ways in which we may use and disclose your PHI.

**1. Treatment.** SRMS may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for SRMS – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

**2. Payment.** SRMS may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health Care Operations.** SRMS may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, SRMS may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for SRMS. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

**4. Appointment Reminders.** SRMS may use and disclose your PHI to contact you and remind you of an appointment.

**5. Treatment Options.** SRMS may use and disclose your PHI to inform you of potential treatment options or alternatives.

**6. Health-Related Benefits and Services.** SRMS may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**7. Disclosures Required By Law.** SRMS will use and disclose your PHI when we are required to do so by federal, state or local law.

**8. Release of Information to Spouse/Partner or Family Member.** SRMS may release your PHI to a spouse, partner or family member that is involved in your care, or who assists in taking care of you.

**9. Test Results.** Due to the nature of our business it is sometimes necessary to leave test results on your answering machine. This **does not** include results for HIV or Sexually Transmitted Diseases; these will be discussed with you personally, if applicable.

**10. Marketing.** SRMS occasionally sends out promotional information to notify our patients of upcoming lectures or medical studies that we believe are beneficial to them. Information required for these mailings is gathered from our medical computer system based on patient diagnosis codes. You may ask to be removed from a marketing database via **written request** to the **HIPAA Privacy Officer** specifying the request. You do not need to give a reason for your request.

#### **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**1. Public Health Risks.** SRMS may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer, under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

**2. Health Oversight Activities.** SRMS may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**3. Lawsuits and Similar Proceedings.** SRMS may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**4. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**5. Deceased Patients.** SRMS may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**6. Organ and Tissue Donation.** SRMS may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

**7. Research.** If you have agreed to participate in a clinical research study, it is likely that each study sponsor and/or Institutional Review Board will provide a separate authorization regarding the collection and creation of your PHI. The issues covered in these materials will supersede this Notice Of Privacy unless it violates specific guidelines as outlined by Federal, State and/or Local Governments.

For research separate from sponsored research as discussed above, SRMS may use and disclose your PHI for research purposes in certain limited circumstances. We **will obtain your written authorization** to use your PHI for research purposes **except when** an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- (a) The use or disclosure involves no more than a minimal risk to your privacy based on the following:
  - (i) An adequate plan to protect the identifiers from improper use and disclosure
  - (ii) An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law)
  - (iii) Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted
- (b) The research could not practicably be conducted without the waiver
- (c) The research could not practicably be conducted without access to and use of the PHI.

**8. Serious Threats to Health or Safety.** SRMS may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**9. Military.** SRMS may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**10. National Security.** SRMS may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**11. Inmates.** SRMS may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

- For the institution to provide health care services to you
- For the safety and security of the institution, and/or
- To protect your health and safety or the health and safety of other individuals

**12. Workers' Compensation.** SRMS may release your PHI for workers' compensation and similar programs.

**13. Drug Abuse Prevention.** We may use or disclose PHI if we are contacted by a pharmacy because the pharmacist suspects altered, forged, or otherwise tampered with a prescription. If it is determined that the prescription has been altered, forged, or tampered with, all pharmacies in the Lee County and/or the surrounding areas will be alerted and your PHI will be used or disclosed in order to prevent the filling of a prescription that has been altered, forged or tampered with in violation of state & federal laws.

## **E. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

**1. Confidential Communications.** You have the right to request that SRMS communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a specific type of confidential communication, **you must make a written request** to the **HIPAA Privacy Officer** specifying the requested method of contact, or the location where you wish to be contacted. SRMS will accommodate **reasonable** requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, **you must make your request in writing** to the **HIPAA Privacy Officer**. Your request must describe in a clear and concise fashion:

- (a) The information you wish restricted
- (b) Whether you are requesting to limit SRMS' use, disclosure or both; and/or
- (c) To whom you want the limits to apply

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the **HIPAA Privacy Officer** in order to inspect and/or obtain a copy of your PHI. SRMS will charge a fee for the costs of copying, mailing, labor and supplies associated with your request of \$1 per page up to 25 pages and .25 cents per page thereafter. SRMS may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**4. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for SRMS. To request an amendment, your request must be made in writing giving thirty days notice and submitted to the **HIPAA Privacy Officer**. You must provide us with a reason that supports your request for amendment. If your request is accepted, an appointment will be set up for you. SRMS will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:

- (a) Accurate and complete
- (b) Not part of the PHI kept by or for the practice
- (c) Not part of the PHI which you would be permitted to inspect and copy; and/or
- (d) Not created by SRMS, unless the individual or entity that created the information is not available to amend the information.

**5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain *non-routine* disclosures SRMS has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in SRMS is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim are considered routine disclosures and are not necessarily documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the **HIPAA Privacy Officer**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but SRMS may charge you for additional lists within the same 12-month period. SRMS will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with SRMS or with the Secretary of the Department of Health and Human Services. To file a complaint with SRMS, contact the **HIPAA Privacy Officer**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** SRMS will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or

disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **HIPAA Privacy Officer**.

*While every attempt is made to give prudent care to our patients' Protected Health Information (PHI), it is possible that due to the layout of our facility, information regarding another patient's PHI may be inadvertently overheard. While HIPAA does take these situations into account as unavoidable, we will strive to prevent this whenever reasonably possible.*

Again, if you have any questions regarding this notice or our health information privacy policies, please contact the **HIPAA Privacy Officer**.

Updated 4/15/2003 (HIPAA Compliant)

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