

THE FERTILITY INSTITUTE OF VIRGINIA, LTD.

10710 Midlothian Turnpike, Suite 331
Richmond, Virginia 23235
(804) 379-9000 Fax (804) 379-9031
www.fertilityinstituteofva.com

Kenneth A. Steingold, M.D.
Michael C. Edelstein, M.D.

NOTICE OF PRIVACY PRACTICE

*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.

We are required by law to provide you with this notice that explains our privacy practices with regards to your medical information and how we may use and disclose your protected health information for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe them in this notice.

The Fertility Institute of Virginia, Ltd. is committed to ensuring that your private personal medical information is handled in a professional, confidential manner. The following paragraphs describe different ways that we use and disclose your protected health information. We have provided an example for each category, but these examples are not meant to be exhaustive. We assure you that all of the ways we are permitted to use and disclose your health information fall within one of these categories:

TREATMENT

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We will also disclose your health information to other physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician whom we have requested to be involved in your care *For example* - we would disclose your health information to a specialist to whom we have referred you for a diagnosis to help in your treatment.

PAYMENT

We will use and disclose your protected health information to obtain payment for the health care services we provide you. *For example*- we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the services/care.

HEALTH CARE OPERATIONS

We will use and disclose your protected health information (included but not limited to):

“Identifying information: name, address, names of relatives and/or employers, date of birth, telephone, cell phone and fax numbers, social security number, medical record number(s), email address, health plan beneficiary number, account number, certificate/license number or any other unique identifying number or code. In addition, we may disclose your health information to third-party business associates who perform billing, consulting, or transcription services to our practice.

APPOINTMENT RESCHEDULING

We will use and disclose your protected health information to contact you about rescheduling appointments or treatment.

TREATMENT ALTERNATIVES

We will use and disclose your protected health information to tell you about or to recommend possible alternative treatments or options that may be of interest for you.

OTHERS INVOLVED IN YOUR CARE

We will use and disclose your protected health information to a spouse/partner, a relative, a close friend, or any other person(s) you identify that is/are involved in your medical care or payment for care.

RESEARCH

We will use and disclose your protected health information to researchers provided the 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.

AS REQUIRED BY LAW

We will use and disclose your protected health information when required to by federal, state, or local law enforcement. You will be notified of any such disclosures.

TO AVERT A SERIOUS THREAT TO PUBLIC HEALTH OR SAFETY

We will use and disclose your protected health information to a public health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

A paper copy of this notice: You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy via United States Postal Service.

RIGHT TO ACCESS

You may request a copy of your protected health information. You must submit your request in writing to our Office Manager, Pattie Carson, C/O The Fertility Institute of Virginia, Ltd., 10710 Midlothian Turnpike, Suite 331, Richmond, Virginia, 23235 or by fax to (804) 379-9031. A signed release of medical records consent must accompany your request for release of this information. Only records generated by The Fertility Institute of Virginia, Ltd. may be copied. We are required to have your records copied within 30 days from the date of your request. There is a cost for this service. Please contact the Office Manager for cost. If you require records from other treating physicians, you must contact their office for the records.

RIGHT TO AMEND

You may amend your information by requesting a document to be added to your protected health information. However, you may not otherwise change the content of your medical record. If you disagree with the information contained in your records, you may do so by writing a letter relating the inaccuracy.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to a disclosure of release of your protected health information related to treatment, payment of health care operations. Your request must be made in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003 (the compliance date for the federal regulations) not for a period of time greater than ten (10) years (our legal obligation to retain information).