

## SUMMARY OF PRIVACY PRACTICES

We at the Institute for Reproductive Medicine and Science at Saint Barnabas take our responsibility for protecting your medical information very seriously. We have prepared this privacy practice summary and all of our policies in accordance with federal and state law in an effort to help you understand (1) how we will handle your medical information, (2) when we will and won't release it, (3) how to let us know if you have questions or concerns, and (4) your rights related to this health information.

### KEY DEFINITIONS

In an effort to help you better understand this process, the following definitions are provided:

**Protected Health Information (PHI):** Any health information that can be used to identify you, which we maintain or transmit in written, oral, or electronic form. It may relate to your past, present, or future medical health or services.

**Minimum Necessary:** Whenever we release PHI, we will release only that which is necessary to accomplish the purpose for which it is requested. In addition, our employees will only access your records to the degree needed to perform their particular job.

### RELEASING YOUR PHI WITHOUT YOUR SPECIFIC APPROVAL

The law allows us to release your PHI in certain circumstances without your approval. These include:

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health

care and any related services. We will also disclose your health information to other physicians or facilities who may be treating you or to whom we refer you. For example, we will give information to your primary care physician or a hospital where you will receive services.

**Payment:** We will use and disclose your PHI to obtain payment for the health care services we provide you. For example, we will send your insurance company a bill that details the procedure(s) that we performed, your diagnosis, and other identifying information.

**Health Care Operations:** We will use and disclose your PHI to support the business activities of our practice. For example, we may disclose your health information to third party business associates who perform billing, collections, consulting, or transcription services. However, we will have a contract in place with each of these associates that ensures that they will maintain the privacy of your information.

### Other Authorized Uses/Disclosures

The law allows a number of specific other uses or disclosures that do not require your authorization. These include uses for (1) public health and safety activities, (2) evidence of abuse or domestic violence, (3) judicial or administrative proceedings, (4) law enforcement, (5) research, (6) Worker's Compensation claims, and (7) specialized government functions. For more detailed information on these uses, you can review our complete "Notice of Privacy Practices", which is available upon request or on our web site.

### YOUR HEALTH INFORMATION RIGHTS

Although the 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 complete copy of this "Summary of Privacy Practices" and/or a complete copy of the "Notice of Privacy Practices."** You may obtain a copy by asking our receptionist during your next visit, by calling and requesting that a copy be mailed to you, or by accessing it at our web site.

**Inspect and Copy.** You have the right to inspect and copy the PHI that we maintain about you in our designated record set for as long as we maintain that information. This includes your medical and billing records that we created or that were created at our request (e.g. mammogram results, pap smear results, etc.). We will not release to you any records that originated from another provider or facility. Those records will need to be obtained directly from that office or facility.

If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer at the address on the back of this brochure. We have thirty days to respond to your request for information. If your records are stored offsite, we have up to 60 days to respond to your request, but we will notify you of the delay.

**Amend Your Record.** You have the right to request that we amend your PHI if you feel it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer, stating exactly what you feel is incomplete or inaccurate and the reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny the request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment,
- The information is not part of the record which you are permitted to inspect and copy;
- The information is not part of the designated record set kept by this practice; or
- It is the opinion of the health care provider that the information is accurate and complete.

**Request Restrictions.** You have the right to request a restriction or limitation of how we use or disclose your medical information for treatment, payment, or health care operations. For example, you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing.

**Accounting of Disclosures.** You have the right to request a list of the disclosures of your PHI. We are not required by law to provide information allowed as part of Treatment, Payment, or Health Care Operations, but we will provide as much as is possible. All requests must be made in writing. We may also charge a fee if you request more than one accounting during every twelve-month period.

**Request Confidential Communications.** You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at a specific telephone number or by mail at a special address. Your request must be in writing and must specify how and where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint.** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our

Privacy Officer or directly to the Secretary of Health and Human Services. To file a complaint with our Privacy Officer, the complaint must be made within 180 days of the suspected violation. Provide as much information as you can and send it to the address below.

## USES OR DISCLOSURES NOT COVERED

We will release your PHI under other circumstances only with your written permission. There is no charge for release of information that is part of Treatment, Payment, or Health Care Operations. There is a charge for copying expense in all other circumstances, including making copies for your personal files. The fee is \$0.75 per page, with a maximum charge of \$50.00. Fees are higher when the information is being used for commercial purposes (e.g. buying a life insurance policy, underwriting a health policy, etc.). When records are released directly to another provider, there is no charge.

Privacy Officer  
 IRMS at Saint Barnabas  
 94 Old Short Hills Road  
 East Wing, Suite 403  
 Livingston, NJ 07039  
 Phone: (973) 322-2821  
 Fax: (973) 322-8890  
 Internet: [www.sбивf.com](http://www.sбивf.com)

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Livingston Office  
 94 Old Short Hills Road  
 East Wing, Suite 403  
 Livingston, NJ 07039  
 Phone: (973) 322-2821  
 Fax: (973) 322-8890

Hoboken Office  
 609 Washington St., 2<sup>nd</sup> Floor  
 Hoboken, NJ 07030  
 Phone (201) 963-7640  
 Fax: (201) 204-9319

[www.sбивf.com](http://www.sбивf.com)