

Notice of Privacy Practices

Effective Date: May 1, 2009

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.

All of us at Oregon Fertility Institute, LLC take our responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care. We also recognize that individual privacy is rapidly eroding in our culture and we are dedicated to defending your right to a confidential relationship with your physician. This notice is intended to inform you of how we protect, use, and disclose your information, as well as to explain your right to control these disclosures. We will only disclose your information in the following instances:

1. We may disclose your information to coordinate your medical care.
2. We may also disclose your information to ensure that you receive insurance benefits.
3. We may disclose your information internally to enhance the operations of our practice. This includes our commitment to reviewing the quality of care we provide.
4. We may disclose your information to comply with a limited number of legal requirements as outlined in this notice.

Additional information regarding each of these disclosures is provided in this notice. Regardless, we will only disclose the minimum amount of information necessary for the purpose for which it was requested. Like many legal documents, it may appear at first glance that this notice is more about permitting disclosures than about limiting them. However, we believe it is important that you are fully informed of the various reasons we might disclose your information.

Our Duties

We are required by law to keep your information private. We must also provide you with notice of our practices and legal duties that relate to your information. We are required by law to abide by the terms of this notice of privacy practices. We may need to revise our privacy practices from time to time. We expressly reserve the right to change the terms of our notice of privacy practices, and to make the new terms effective for all information covered by our notice. If such changes occur, we will let you know of the new terms by providing a copy of the changes in our lobby.

Consent to Disclosures

When we begin your care, we will ask you to sign an agreement that permits disclosures of your information only for the purposes outlined in this notice. Because such disclosures are important to coordinate your medical care, we require your consent to access our services. This notice provides additional information regarding these disclosures and any disclosures that we may make without your consent. Before making a disclosure for any purpose not listed in this notice, we will request a written authorization from you.

Your Privacy Rights

Please note that you are entitled to very specific rights regarding the use and disclosure of your information. We have listed your rights below.

Right to Notice of Privacy Practices

You have the right to be notified of our policies regarding our use and disclosure of your information. This document provides you with that notice.

Right to Request Restriction of Uses and Disclosures

You have the right to request restriction on the use and disclosure of your information. If you request such a restriction, we may choose to either comply with your request or terminate your care here. In certain instances, your choice to restrict the disclosure of information may invalidate your insurance coverage, and we may require that you execute both a waiver of insurance benefits and a payment agreement in order to receive care. If you have been injured on the job and have filed a workers' compensation claim, Oregon law forbids limiting disclosures to your carrier or self-insured employer. Generally, we will not agree to requests to limit disclosure of your information related to (a) the coordination of your medical care, (b) the internal operations of our practice, or (c) legal requirements. It is simply too difficult to comply with such restrictions. To make a request to limit the disclosure of your information, please contact our Privacy Officer at (503) 292.7734.

Right of Access to Inspect and Obtain a Copy of Protected Health Information

You have the right, after providing us with reasonable notice, to visit our office and inspect our medical records regarding your care. You may request that our communication with you be confidential; for example, you could request that we only call you at home, not at work. You also have the right to receive copies of our medical records regarding your care. Before your inspection or receipt of our records, your physician will review your record. Your physician has the right to substitute a summary of our record if, in his or her opinion, release of the record would harm you. This situation is very rare in our practice, and you will generally receive unrestricted access to your medical record. We do not permit inspecting or copying medical records we receive from other providers, but we can assist you in identifying such providers so that you may request their records directly. To request an inspection or copy of your record, please contact the front desk at (503) 292-7734.

Right to Amend Protected Health Information

If you believe that our records contain errors, you may make a written request that they be amended. We reserve the right to review your request and decline to amend the record. Generally, we will agree to place a copy of your proposed amendment in the record even when we do not agree to amend the record itself. Please contact the front desk at (503) 292-7734 to request an amendment.

Right to an Accounting Disclosure of Protected Health Information

We record each time we disclose your information. You have the right to request an accounting of each disclosure. Please contact the front desk at

(503) 292-7734 to request an accounting of disclosures.

Complaints and Investigations

We have developed procedures for investigating any complaints or concerns you may have regarding our use and disclosure of your information, or any other complaint you may have regarding our services. The law allows you to contact the Secretary of the Department of Health and Human Services with complaints about our use and disclosure of information. You may also contact our on-site Privacy Officer, who is dedicated to investigating complaints regarding the use and disclosure of information in our care. Regardless of whom you contact, we will not, and legally cannot, retaliate against you for any such complaint. Our front desk can be reached at 503.292.7734.

Types of Uses and Disclosures of Your Protected Health Information

We may disclose your information for the following purposes without your consent.

For Treatment Purposes

We may disclose information needed for the provision, coordination, or management of health care and related services, including the coordination between our office and a third-party, such as a consultation between medical providers or a referral from our office to another provider. For example, we may send a report detailing our diagnosis and treatment to your primary care physician, your treating physical therapist, or to another physician involved in your care.

For Payment Purposes

To obtain reimbursement from your insurer, we may be required to disclose your information. This may be necessary for determining your eligibility or coverage and the adjudication of claims, billing, claims management, and collections activities. We may also be required to disclose your information to your insurer for review of the medical necessity, coverage, appropriateness, or justification of our charges. For example, many insurers require that we submit copies of the chart as a condition of reimbursement for our services. The process of prior authorization for specific diagnostic or surgical procedures represents another example in which we may disclose your information to gain your insurer's approval to proceed with a recommended course of care.

For Health Care Operations Purposes

We may disclose your information within our organization for the purposes of:

1. Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines.
2. Reviewing the competence or qualifications of our providers.
3. Conducting, or arranging for, medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
4. Managing and operating our practice, including formulary development and administration and general business management activities such as customer service and complaint resolution.

One example of such disclosure is the periodic chart review conducted by our Peer Review Committee to ensure the quality of our services.

Other Purposes

There are a variety of other purposes for which we may, or may be required to, use or disclose information about you without your written consent or authorization. These include disclosures:

- (A) **for public health activities**, such as reporting to a public health agency, as authorized by law; reporting of disease, injury or vital events, such as birth or death; and reporting of adverse events to the Food and Drug Administration;
- (B) **about victims of abuse, neglect, or domestic violence**, as required by law;
- (C) **to a health oversight agency**, as authorized by law; including but not limited to audits; civil, administrative, or criminal investigations; licensure or disciplinary actions, or other activities necessary for appropriate oversight of the health care system; and government benefit programs;
- (D) **for judicial and administrative proceedings**, in response to a court order or valid subpoena. If we receive a subpoena for your information, we will require that the party submitting the subpoena provide us with evidence that you have been provided with adequate notice and the opportunity to object to the release of your information prior to disclosure;
- (E) **for law enforcement purposes**, in compliance with, and as limited by a court order, a court-ordered warrant, a subpoena, a summons issued by a judicial officer, and a grand jury subpoena; or in emergency situations or when criminal conduct has occurred on our premises, subject to limitations as provided by law;
- (F) **to coroners and medical examiners**, to identify a deceased person or determine a cause of death;
- (G) **for organ, eye, or tissue donation purposes**, when such donations have been authorized;
- (H) **to avert a serious threat to health or safety** of a person or to the public;
- (I) **for armed services personnel and veterans**, to determine an individual's eligibility for benefits;
- (J) **for workers' compensation**, as provided by state law;
- (K) **for inmates** of a correctional institution or under custody of a law enforcement official, to provide you with health care and for the safety and security of the correctional institution.

All other uses and disclosures of information about you will be made only with your written authorization.

You may revoke your authorization at any time by notifying us in writing unless (a) we have already acted in reliance on your authorization, (b) the authorization was obtained as a condition of your obtaining insurance coverage, or (c) other laws provide your insurer with the right to contest a claim under your policy.

In addition, we may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In no circumstance will we sell or provide your information to an outside party for commercial purposes.

Please note that, even if you have agreed to receive this notice electronically, you have the right to obtain a paper copy of this notice upon request. For more information on our privacy policies, to submit a request for access to your records, or for any other need related to the management of your information at Oregon Fertility Institute, LLC, please contact:

Oregon Fertility Institute, LLC
Attn: Privacy Officer
9380 SW Greenburg Road, Ste. 412
Portland OR 97223
503.292.7734 phone
503.292.7735 fax