



**Reproductive Medicine Associates of Philadelphia, P.C.**  
**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.**

Reproductive Medicine Associates of Philadelphia, P.C. creates, retains, uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for various other reasons required and/or permitted by law. Your health information is contained in a medical record that is the physical property of Reproductive Medicine Associates of Philadelphia, P.C. The terms of this Notice apply to individually identifiable health information, as defined in 45 CFR 164.501, which is created, maintained, used or disclosed by Reproductive Medicine Associates of Philadelphia, P.C.

**How Reproductive Medicine Associates of Philadelphia, P.C. May Use or Disclose Individually Identifiable Health Information Without Your Written Authorization:**

**Treatment.** RMA of Philadelphia may use your health information to provide you with medical treatment or services. For example, we may instruct you to have laboratory tests, and we may use the results to diagnose your condition. We may refer your information to other physicians who will subsequently treat you. We may provide your health information to a pharmacy for the purposes of ordering a prescription. We may coordinate the management of your care with other individuals, including other physicians with whom we consult.

**Payment.** RMA of Philadelphia may use and disclose your health information to others for the purpose of obtaining payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**Health Care Operations.** RMA of Philadelphia may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of our staff for the purpose of evaluating the performance of our staff; assessing the quality of care and outcomes in your case and similar cases; and for learning how to improve our facilities, health care and other services. We may also disclose information about you to other entities or persons with whom you have had some relationship if such disclosures relate to the quality assessment or improvement activities of those entities, the qualification or evaluation of their health care providers, or for the purpose of ensuring compliance with health care fraud and abuse laws.

**Incidental Uses & Disclosures.** Incidental uses and disclosures of your health information are acceptable provided RMA of Philadelphia has in place reasonable safeguards for preventing wrongful disclosures. For example, the physical setup of our office may be such that two patients requiring care at the same time will be treated within close proximity to one another.

**Family & Friends.** RMA of Philadelphia may determine, in its professional judgment, that disclosure to family or friends of patients are necessary and in the best interest of the patients, provided patient consent is implied *or* patient agreement has been obtained. For example, during your treatment, your spouse may be involved in discussions concerning your health.

**Phone Calls/Voice Mail.** In order to treat you efficiently, we may discuss your care over the phone with you, with other physicians, and in certain cases, with family members or significant others involved in your care. We will take proper measures to ensure the identity of the individual with whom we are speaking. In addition, we may leave voice mail messages for you that relate to your treatment. We will, however, ensure our patient contact information is up-to-date and accurate, and we will tailor any messages to remove health information that is individually identifiable and include only the minimum amount of information necessary.

**For Disaster Relief Purposes.** RMA of Philadelphia may determine, in its professional judgment, that it must use your health information in disaster relief efforts. For example, we may provide your information to authorities to assist in evacuation of individuals during a flood or fire.

**Health Oversight Activities.** RMA of Philadelphia may use or disclose your health information for the purpose of conducting or participating in health oversight activities such as audits, licensure review activities and health related investigations.

**Appointments/Treatment Options.** RMA of Philadelphia may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Required by Law.** RMA of Philadelphia may use and disclose information about you as required by law. For example, RMA of Philadelphia may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority: if we receive a court or administrative order we may release your information without your authorization; if we receive a discovery request, subpoena or other lawful request not accompanied by a court or administrative order, we will make an effort to inform you of the request and/or obtain written assurances from the requesting party that you have been notified or that the information will be protected as required by law.
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;
- to report crimes in emergencies

**Public Health.** Your health information may be used or disclosed for public health activities such as reporting of vital statistics to the Society for Assisted Reproductive Technology and the Centers for Disease Control; assisting public health authorities or other legal authorities to prevent or control

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disease, injury, or disability, including disclosures to individuals exposed to communicable diseases, provided we are authorized by law to make such disclosures; activities within the jurisdiction of the FDA, such as product recalls; and, in limited circumstances and after patient notification, to employers about workplace injuries, illnesses or medical surveillance.

**Decedents.** Health information about decedents may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation.** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Research.** RMA of Philadelphia may, in limited circumstances prescribed by law, use your health information for research purposes, provided an institutional review board or privacy board has reviewed the research proposal, established protocols to ensure the privacy of your health information, approved of the research and assured us the use of your information will comply with all applicable law.

**Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person, pursuant to applicable law.

**Government Functions.** Your health information may be disclosed for specialized government functions such as intelligence and national security efforts, protection of public officials or reporting to various branches of the armed services of which you may be a member.

**Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

**Other Uses.** Our practice will obtain your written authorization for uses and disclosures that are not identified in this Notice unless we are permitted by law to make such disclosures without authorizations. You may revoke any authorization, in writing, except to the extent RMA of Philadelphia has taken action in reliance on such authorization.

### **Your Health Information Rights**

You have the right to:

- Request a restriction on certain uses and disclosures of information. Your request should be detailed in writing. RMA of Philadelphia is not required to agree to a requested restriction;
- Obtain a paper copy of this notice of information practices upon request;
- Inspect and obtain a copy of your health record as provided for in 45 C.F.R. Sec. 164.524. You should submit your request in writing to our Privacy Officer. We may charge copying and mailing fees. We may deny your request in certain circumstances, but you may request a review of our denial by another health care professional of our choosing;
- Request that your health record be amended as provided in 45 C.F.R. §164.526. Such request should be in writing and state the reasons for amendment. We may deny your request in certain circumstances;

- Request communications of your health information by alternative means or at alternative locations, for example, you may ask not to be contacted by our office while you are at work. We will accommodate all reasonable requests;
- Receive an accounting of disclosures made of your health information as provided by 45 C.F.R. §164.528. However, you should note that our office may not be required by law to document, or provide access to records of, all disclosures made by our office.

### Complaints

You may complain to RMA of Philadelphia and/or to the Department of Health and Human Services if you believe your privacy rights have been violated. Complaints should be forwarded, in writing, to our Privacy Officer. You will not be retaliated against for filing a complaint.

### Obligations of Reproductive Medicine Associates of Philadelphia, P.C.

RMA of Philadelphia is required by law to:

- maintain the privacy of protected health information;
- provide you with this Notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this Notice as it is currently in effect;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or in alternative locations.

RMA of Philadelphia reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you directly through those who provide treatment to you or through our privacy officer.

### Contact Information

If you have any questions or complaints, please contact:

Linda Simon, Administrator  
215.938.1515 or  
lindags@rmaphiladelphia.com