



THE CENTER FOR HUMAN REPRODUCTION™
CLINICAL CARE • RESEARCH • EDUCATION
21 EAST 69TH STREET • NEW YORK, NEW YORK 10021

HIPAA Notice of Privacy Practices and Informed Consent for New CHR Patients

Effective date: July 7, 2005
Updated: August 14, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND ASK ONE OF OUR STAFF MEMBER IF YOU HAVE QUESTIONS ABOUT ANY OF THE ISSUES RAISED

If you have any questions about this notice, you can also at any time contact CHR's Medical Director, Norbert Gleicher, M.D., by calling (212) 994 4400

OUR OBLIGATIONS: The law mandates that we:

- Maintain the privacy of all protected health information;
- Give you this notice of our legal duties, and regarding privacy of your Health Information;
- Follow the terms of this notice, as currently in effect;

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION: We here describe how we may use and disclose health information that identifies you ("Health Information"). Except for below listed exceptions, we will use and disclose your Health Information only with your written permission. You may revoke such permission at any time, by writing to our center (attention Chief Operating Officer, COO; via e-mail, jtapper@thechr.com or by phone at (212) 994 440/Ext 4406).

Treatment We may use and disclose your Health Information to benefit your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care, and need the information to provide you with appropriate medical care.

Payment We may use and disclose your Health Information so that we, or others, may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information to get paid for our medical services to you under your insurance coverage.

Healthcare Operations We may use and disclose your Health Information for general health care practice purposes at our center, assuring that all of our center's patients receive maximal quality of care and that CHR be operated and managed with maximal effectiveness, efficiency and quality. For example, we may use and disclose your

information in our center's ongoing quality improvement program, which assures that the medical care you receive at CHR, is of the highest quality. We also may share information with other entities, which have an authorized operational health care relationship with you like, for example, your physician and your insurance health plan.

Appointment Reminders, Treatment Alternatives, Health-Related Benefits and Services We may use and disclose Health Information to contact you and to remind you that you have an appointment at CHR. This may happen by phone call or e-mail from an authorized CHR staff person to you personally or to a phone number or e-mail address you have given us, which allows for the recording of verbal and/or e-mail messages. In the same fashion we also may use and disclose to you Health Information concerning your laboratory test results, tell you about treatment alternatives or health-related benefits and services that may be of interest to you. **Please be advised that any communication via-email and/or voice mail is potentially insecure.** By signing this form, you acknowledge this fact. Should you wish not to be contacted by either voice mail or e-mail, please advise us accordingly in writing (attention COO, as noted above).

Individuals Involved In Your Care, Payment For Your Care When appropriate, we may share Health Information with a person who is designated by you to represent you in your medical care or in payment of your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research CHR and all of its staff members are committed to protect the confidentiality of your medical records and your identity. All participants in CHR research, therefore, will be in full compliance with HIPAA regulations, protecting your privacy, identity and the confidentiality of your medical record.

Under certain circumstances, we may, however, use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to others who received another treatment. Before we use or disclose your Health Information for a research project, the project will in most cases go through a special approval process, called an Institutional Review Board (IRB). Even without special approval, we may permit researchers, however, to look at records to help them identify patients who may be included in their research project or for other similar purposes. They will be permitted to do so, however, only as long as they do not remove medical records or make copies of any Health Information for removal from CHR premises.

Your care data may be transferred from your medical record to our CHR's confidential and anonymized electronic research data bank. When such data transfers take place, the data are de-identified. This means the data are no longer linked to you.

In signing this form, you agree to permit Norbert Gleicher, M.D. and the staff at CHR (together, "Researchers") and any potential study sponsors and their agents and contractors (together "Sponsors"), to use and disclose Health Information that identifies you for purposes described below in paragraphs 1, 2, and 3. (Sponsors are parties, which sponsor research performed at CHR. This can be Research Foundations, Granting Agencies, Government Institutions, Insurance Companies, Pharmaceutical or Device Companies, etc.) You also permit CHR, your doctors and other health care providers to disclose Health Information in your medical records to the Researchers and Sponsors for the purposes described in paragraphs 1, 2, and 3, below. All Researchers and Sponsors at CHR are HIPAA compliant and protective of your identity as well as of confidentiality of your medical record.

Please note that health information also may include information obtained from research that involves discarded fluids (like blood or follicular fluids), cells (like blood cells or cells surrounding eggs at time of egg retrieval) or tissues after pathologic examination (like diagnostic biopsies) from your body.

You should also be aware that any such research may lead to the awarding of patents to CHR investigators, CHR and/or affiliated parties. Research may, furthermore, lead to potential commercial explorations. You, however, will have neither ownership rights to patents nor financial rights to revenues generated from any commercial products developed from such research.

1. The Health Information that may be so used and disclosed in this regard includes:
 - All information collected during the research described in informed consent forms;
 - Health Information in your medical records, relevant to research described in informed consent forms;
2. Researchers shall remove from your Health Information your name and other information that could be used to identify you and may:
 - Use and share your Health Information among them to conduct research and with other CHR research staff and/or sponsors;
 - Disclose your Health Information to Sponsors;
 - Disclose your Health Information, as required by law, to representatives of government agencies, review boards, and other persons who are required to watch over the safety, effectiveness and conduct of research;
3. Sponsors shall remove from my health information my name and other information that could be used to identify me, and may:
 - Use and share your health information to conduct research and to confirm research results;
 - Disclose your health information, as required by law, to representatives of government agencies, review boards and other persons who are required to watch over the safety, effectiveness, and conduct of research;
4. Once information that could be used to identify you has been removed, the information that remains is no longer subject to this Authorization and may be used and disclosed by Researchers and Sponsors as permitted by law, including for other research purposes
5. Once your health information has been disclosed to a third party, federal laws may no longer protect it from further disclosure. However, Researchers and Sponsors have agreed in writing to CHR to protect your health information by using and disclosing it only as permitted by you in this Authorization. Also, no publication about the research will reveal your identity without your specific written permission. These limitations continue even if you revoke (take back) this Authorization.
6. This authorization does not have an expiration (ending) date.

Please note that:

- You do not have to consent to participate in CHR's research, but if you do not, you will not be able to participate in certain treatments, which are still considered experimental. Since CHR is constantly trying to advance treatments in infertility, many treatments widely used at CHR may, therefore, not be available to you, and you may be better off receiving care at another center.
- You may change your mind and revoke (take back) your Authorization to participate in CHR's research at any time. To revoke this authorization, you must write to CHR (attention COO, as above). If you do revoke this Authorization, you, however, may no longer be allowed to participate in research and in certain treatments you may have been involved in before. Even if you revoke this Authorization, the information already obtained may remain part of the research, however.

- While the research is in progress, you may not be given access to see your health information that is created or collected in the course of the research, unless it can materially affect your health. After the research is finished you, however, may see this information as described in CHR's Notice of Information practices. (Note- if an IRB determines that suspension of participants' access to information is appropriate this statement must be included in the informed consent of the authorization).
- Upon request, you will be given a copy of this authorization after you have signed it.

SPECIAL SITUATIONS:

As required by law We will disclose Health Information when required to do so by international, federal, state or local law.

To avert serious threat to health or safety We may use and disclose Health Information when necessary to prevent a serious threat to your, the public's health and safety of health and safety on any other person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business associates We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. We also have contractual relationships with outside physicians who perform peer review on our medical records. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contracts.

Organ and tissue donation If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilities organ, eye or tissue donation; and transplantation.

Military and veterans If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to an appropriate foreign military authority, if you are a member of a foreign military.

Public health risks We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products, notify people of a risk for contracting or spreading a disease or condition, and report to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.

Health oversight activities We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliances with civil rights laws.

Lawsuit and disputes If you are involved in a lawsuit or dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and/or efforts to obtain an order protecting the information requested have failed.

Law enforcement We may release Health Information upon request by a law enforcement official if the information is 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, medical examiners and funeral directors We may release Health Information to a coroner or medical examiner. This may also be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors, which may be necessary for them to fulfill their duties.

National security and intelligence activities We may release Health Information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

Protective services for the President and others We may disclose Health Information to authorized federal officials, so they may provide protection to the President, other authorized persons or foreign heads of state, or to facilitate the conduct of special investigations.

Inmates or individuals in custody If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be made if necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; 3) for the safety and security of the correctional institution.

Internet communication By signing this document you provide consent to communicate with you via e-mail through the Internet. We do not initiate medical communications but will respond to your communications to us. You hereby, however, also acknowledge that confidentiality of such Internet communications cannot be guaranteed, and that, should you make the choice to communicate with us by e-mail, CHR cannot guarantee the absolute confidentiality of such communications.

YOUR RIGHTS: You have the following rights regarding Health Information we have about you:

Right to inspect and copy You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to: CHR (attention COO, as above) ,

Right to amend If you feel that Health Information CHR maintains on you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our center. To request an amendment, you must make your request, in writing, to CHR (attention COO, as above).

Right to an accounting of disclosures You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make you request, in writing, to: CHR (attention COO, as above).

Right to request restrictions You have the right to request restrictions or limitations on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment of your care, like a family member or a friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to CHR (attention COO, as above).

We are not required to agree to all of your requests. If we disagree, we will only comply with your request if the information related to your request is needed to provide you with emergency treatment.

Right to request confidential communication You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communications, you must make your request in writing, to CHR (attention COO, as above).

Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to paper copy of this notice You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a copy of this notice at our website, please go to our website at www.centerforhumarreprod.com. You may also request a paper copy of this notice in person at our offices or by writing to CHR (attention COO, as above).

CHANGES TO THIS NOTICE: We reserve the right to change this notice, and make a revised new notice apply to Health Information we already have, as well as to any information we will be receiving in the future. We will post a copy of our current notice at the front desk of our center. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a written complaint with our center (attention COO, see above) or with the Secretary of the Department of Health and Human Services. You will not be penalized for filling a complaint.

My signature below is in acknowledgement of reviewing CHR's HIPAA Notice of Privacy Practice. I am aware I may obtain a paper copy of this form if I request it.

Patient's Name (Print) Patient's Signature Date

Partner's Name (Print) Partner's Signature Date

Witness Name (Print) Witness Signature Date

WHERE APPLICABLE: NOTARY PUBLIC, stamp/signature/date