

Notice of Privacy Practices

This Notice describes how information about you may be used and disclosed by Southern California Reproductive Center, ART Reproductive Center, and Roxbury Surgery Center (the “Practice”) and how you can get access to this information. Please review it carefully.

This Notice is effective July 24, 2020 and applies to all health information subject to federal and state regulations.

Understanding your health record/information:

Understanding what is in your healthcare record and how your protected health information (“PHI”) is used will help you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make better informed decisions when authorizing disclosure of your health information to others.

Each time you visit our office, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as your health or medical record, may be used by our Practice, as follows:

- A basis for planning your care and treatment
- A basis for communication among the healthcare professionals who contribute to your care. We may need to transmit PHI over an unsecured medium, such as a paper-to-paper fax. Unencrypted text messaging or e-mailing may be used when requested and/or initiated by you. Please note that transmitting PHI via an unencrypted medium presents a risk that your PHI could be read by a third party.
- A legal document describing the care we provided to you
- A record that you or a third-party payer can review to verify services billed were actually provided
- A tool for educating healthcare professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this county, state and the nation
- A tool we can use to assess and continually work to improve the care we render and the outcomes we achieve
- To provide you with information on additional treatment alternatives and other health-related benefits
- To send you appointment reminders

Your Health Information Rights:

Although your health record is the physical property of this Practice, you have certain rights over your PHI. You have the right to:

- Obtain a copy of this Notice of Privacy Practices
- Request to inspect and/or receive a copy of your health record in electronic form or on paper as provided for in 45 CFR § 164.524 of the Health Insurance Portability and Accountability Act (HIPAA)
- Request an amendment to your health record as provided for in 45 CFR § 164.526 of HIPAA
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your health information for treatment, payment, or healthcare operations
- Request a restriction of health information provided to health plans regarding specific services, if you paid for these services out of pocket
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- You have a right to opt out of communications for fundraising activities of this Practice
- Designate a representative if you choose that can make choices about your health information

Our Responsibilities. We are required to:

- Maintain the privacy of your PHI
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Notify you of a breach of your unsecured PHI
- Notify you if we are unable to agree to a request you make with respect to your PHI

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the changes in our reception area and on our website at <https://www.scrivf.com>. At your request, we will provide you our revised Notice of Privacy Practices.

To Report a Problem

If you have questions, would like additional information or wish to report a problem, please contact the practice’s Privacy Officer at 1-877-735-1182.

If you believe your privacy rights have been violated, you can file a complaint with the practice’s Privacy Officer, the Chief Medical Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services, online at <https://ocrportal.hhs.gov/>, by email to OCRComplaint@hhs.gov, calling 1.877.696.6775, or by sending a letter to: U.S. Department of Health and Human Services - 200 Independence Ave. S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Treatment, Payment and Healthcare Operations:

Treatment: Our healthcare team may use and disclose your PHI to determine the course of treatment we believe is best for you. For example, we may use your information to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care to you or to describe a health-related product or service. We may also share your information with other healthcare providers involved with your treatment to assist them in treating you or others involved in your treatment.

Payment: We may use and disclose your PHI to obtain payment for healthcare that we provide to you. For example, we may send a bill to you or a third-party payer or your other healthcare providers when they need such PHI to receive payment for services they deliver to you.

Healthcare Operations: We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care we provide you. For example, members of the medical staff may use information in your health record to assess the care and outcomes in your case and others like it in order to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may need to disclose your PHI to our business associates so they can perform the job we’ve hired them to do. HIPAA requires the business associate to protect your PHI just as we do.

Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

Communication with family: Our healthcare professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person’s involvement in your care or payment related to your care.

Research: We may disclose your PHI to researchers for research purposes pursuant to a valid authorization from you or when an institutional review board or privacy board has waived the authorization requirement. Under certain circumstances, your PHI may be disclosed without your authorization to researchers preparing to conduct a research project or as part of a data set that omits your name and other information that can directly identify you.

Food and Drug Administration: We may disclose your PHI to the U.S. Food and Drug Administration (“FDA”) to report adverse events with respect to food, supplements, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers’ Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

Public health: We may disclose your PHI to public health authorities for the purpose of preventing or controlling disease, injury, or disability; alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof your PHI as necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena.

Abuse and Domestic Violence: As provided by federal and state law, we may, at our professional discretion, disclose to proper federal or state authorities your PHI related to possible or known abuse, child abuse or neglect, or domestic violence.

Sale of Business: We may disclose your PHI in connection with the sale of all or part of our business as permitted by HIPAA.

Authorization: We will not use or disclose the following types of health information without first obtaining your written authorization when required by applicable law: (1) psychotherapy notes, except when such notes are used by the mental health professional who created the notes in order to treat you, we need to share such notes to defend ourselves in a legal action brought by you, or for our mental health training programs; (2) information about HIV+/AIDS status; and (3) drug/alcohol abuse records. We will also obtain your authorization before using or disclosing PHI for marketing (as defined by HIPAA) or other uses and disclosures of PHI not described in this Notice.

Changes to the Terms of This Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.