

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.

This notice covers the privacy practices of Main Line Fertility Center, Inc. and Main Line Fertility and Reproductive Medicine, LTD (collectively referred to herein as “Main Line”), which is a covered entity as that term is defined in the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164. In accordance with these Standards, Main Line must take steps to protect the privacy of your health information. Health information includes information that we have created or received regarding your health or payment for health care services. It includes both your medical records and personal information such as your name, social security number, address and telephone number.

Uses and Disclosures of Health Information

We may use and disclose health information about you for treatment, payment and operational purposes. Treatment means the provision, coordination, or management of health care and related services, including consultations and referrals among health care providers. Therefore, Main Line may provide health information to your doctor(s), or to a facility where you are receiving medical care. Payment generally means obtaining reimbursement for the provision of health care services. Payment also includes, but is not limited to, determinations of eligibility for insurance coverage; risk adjustment; billing; claims management; collection activities; and utilization review activities. For example, Main Line may disclose health information to your health plan in order to determine whether medical services are covered. Operational purposes means activities that are necessary for Main Line’s operations. These activities include, but are not limited to, quality assessment; credentialing; underwriting; legal services; and business planning and development, as well as general administrative activities. For example, Main Line may use and disclose your health information to measure the quality of the services you receive. Information received by Main Line or our business associates from certain mental health providers or from federally funded drug or alcohol treatment programs may be subject to limits on redisclosure set forth in applicable state or federal law or regulations.

Main Line may use or disclose information about you without your authorization or permission for several other reasons. These reasons include:

- **To a family member, other relative, or a close personal friend or for disaster relief.** Main Line may disclose to a family member, other relative, or a close personal friend, or any other person you identify, such health information directly relevant to the person’s involvement with your care or payment of care. Main Line will attempt to obtain your agreement to such use or disclosure, if possible. If agreement is not possible due to your incapacity or an emergency circumstance, we will exercise our professional judgment in disclosing health information that is directly relevant to the person’s involvement with your health care.
- **As required by law.** A federal, state or local law may require Main Line to use or disclose your health information for certain purposes.
- **For public health activities.** Main Line may disclose your health information to a public health authority or for public health activities, such as notifying a person about exposure to a communicable disease, or participating in a public health investigation.
- **To report abuse, neglect or domestic violence.** Main Line may disclose your health information when we reasonably believe you are a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency.
- **For health oversight activities.** Main Line may disclose your health information to a government agency that oversees the health care system.
- **For judicial and administrative proceedings.** Main Line may disclose your health information pursuant to a court order, subpoena, discovery request or other legal process.
- **To law enforcement.** Main Line may disclose your health information to law enforcement under limited circumstances, such as to comply with a court order, search warrant, or administrative request.

- **To coroners and medical examiners.** Main Line may disclose your health information to a coroner or medical examiner for the purposes of identification, determining a cause of death, or other duties as authorized by law.
- **For organ, eye or tissue donation.** Main Line may disclose your health information to an organ procurement organization or other entities engaged in procurement in order to facilitate procurement.
- **For research purposes.** Main Line may disclose your health information to a researcher provided the researcher has met certain conditions.
- **To avert a serious threat to health or safety.** Main Line may use or disclose your health information if, in good faith, we believe that such information is necessary to avert a serious and imminent threat to the health or safety of a person or the public or to identify or apprehend a suspect.
- **For specialized government functions.** Your health information may be disclosed for military, national security, intelligence, or correctional or custodial activities.
- **For worker's compensation.** Main Line may disclose health information regarding work-related injuries in compliance with worker's compensation laws.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. For example, if you are applying for a life insurance policy, Main Line must obtain your written authorization prior to disclosing your health information to the insurance company. The following uses and disclosures also will be made only with your written authorization: (i) uses and disclosures for marketing purposes; (ii) uses and disclosures that constitute the sale of health information; (iii) most uses and disclosures of psychotherapy notes (in the event Main Line has any psychotherapy notes); and (iv) other uses and disclosures not described in this Notice. Main Line has prepared authorization forms for your use, and will make them available to you upon request. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Main Line may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. To the extent that Main Line is designated an affiliated covered entity, the covered entities that comprise Main Line may share your health information with one another as if they were a single covered entity.

Main Line is required to notify you of any breach of unsecured health information about you. Main Line will notify you of any breach in such manner and at such time as required by 45 C.F.R. Part 164, Subpart D, which governs what a covered entity like Main Line must do in the event of an impermissible acquisition, access, use, or disclosure which compromises the privacy or security of a patient's health information.

We may change our policies at any time and make the new policies effective for all information we maintain. Before we make any significant change in our policies, we will change this Notice. If we change this Notice, we will post the new notice in waiting areas, make it available on our external website (www.mainlinefertility.com), and copies will be available by contacting the Main Line representative listed below. You can request a copy of our Notice at any time. For more information about our privacy practices, contact the Main Line representative listed below.

Individual Rights

You have the right to request that Main Line restrict the manner in which we communicate health information to you. Your request must be in writing, and Main Line will accommodate any reasonable request to provide health information by alternative means or at alternative locations. Please forward your written request to the Main Line representative listed below.

With few limitations, you have the right to look at and/or get a copy of your health information. This request must be in writing. If you request copies, we may charge a per page fee to cover costs. If we deny you access to requested information, you may appeal the denial in certain circumstances. If you believe that information in your record is incorrect or incomplete, you have the right to request that we correct, or add to, the existing information. This request must be in writing and be supported by a reason. We have the right to deny the request. Please forward your written request to access or amend information to the Main Line representative listed below.

You have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or operational purposes (as well as other limited exceptions) during the six (6) years prior to the date on which your request for an accounting is made. This request must also be made in writing. Main Line may not account for disclosures made before the Standards' effective date. We reserve the right to charge for multiple requests for disclosure to cover costs incurred.

You have the right to request in writing that we not use or disclose your information for treatment, payment or operational purposes, or to family, friends and individuals involved in your care. We will consider your request but are not legally required to accept it. If you have paid for services out-of-pocket, in full, you also have the right to request that we not disclose health information relating solely to those services to your health plan, except when we are required by law to do so.

You have the right to obtain a paper copy of this notice, if you received it electronically. Please submit your request in writing to the Main Line representative listed below.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. You will not be penalized for filing a complaint in good faith.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices of this Notice currently in effect.

If you have any questions or complaints, please contact:

**Lisa Pearson
Supervisor/Privacy Officer
915 Old Fern Hill Road
Building B, Suite 101
West Chester, PA 19380
610-840-0061**