



# Notice of Privacy Practices

Effective Date: February 12, 2025

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED BY RMA NEW YORK (RMANY)<sup>1</sup> AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

In this Notice of Privacy Practices (this “Notice”) we use terms like “we”, “us” and “our” to refer to RMANY. This Notice applies to RMANY and its employees, including its physicians, laboratory staff, clinical staff, and administrative employees.

**We are required by law to:**

- Maintain the confidentiality of your protected health information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and applicable state law;
- Adhere to HIPAA’s requirements when using or disclosing your reproductive health care PHI;
- Where required by law, notify you if there has been a breach of your unsecured PHI;
- Comply with the terms of this Notice, including any amendments; and
- Give you this Notice of our legal duties and privacy practices with respect to your PHI that we maintain.

**We reserve the right to change the terms of this Notice at any time. We also reserve the right to make the changes apply to your PHI we already have. Before we make a material change to this Notice, we will post a notice of such change in a clear and prominent manner on our website along with**

**the new Notice. You can also request a copy of the new Notice at the contact information provided in this Notice.**

### **What is “Protected Health Information”?**

“Protected Health Information” or “PHI” is information, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Any information about you (including PHI) that has been de-identified in accordance with standards established under HIPAA (“De-Identified Data”) is not considered PHI. De-Identified Data is not subject to this Notice, and we may use and disclose De-Identified Data for any lawful purpose.

### **How We May Use or Disclose PHI Without Consent or Authorization**

We may use and/or disclose your PHI without your consent or authorization for the following purposes:

- **Treatment.** We may use and disclose PHI about you in connection with your treatment, for example to diagnose you. In addition, we may contact you to remind you about appointments, give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health related benefits or services.
- We may also disclose your PHI to other providers, doctors, nurses, technicians, medical students, hospital personnel or other health care facilities or entities for treatment, care coordination or quality improvement activities. We will communicate this PHI using phone, fax, two-way radio or electronic transfer.
- Additionally, we may disclose your PHI to an electronic prescribing network, to ensure you can obtain the medications you need for your treatment cycle.

- **Payment.** We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to your health plan to get paid for the health care services we provided to you. We may also disclose your PHI to your health plan to permit it to determine eligibility or coverage for insurance benefits, to review the services we provided to you for medical necessity, and to perform utilization review activities. We also disclose your PHI to the responsible party for your account. If you are listed as a dependent on another person's insurance policy, financial information regarding medical care provided may be mailed to that responsible party. In addition, if you do not timely pay us for the health care services we provided to you, we may also disclose limited PHI to a collection agency.
- **Health Care Operations.** We may use and disclose your PHI to support our business activities, such as quality assessment activities, employee review activities, and conducting or arranging for our other business activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in providing services. We may also use your PHI to evaluate and improve services provided by our business associates. In addition, we may use and disclose your PHI to other health care providers, health plans or health care clearinghouses for their limited health care operations, such as quality assessment activities, licensing and other health care compliance activities.
- **Business Associates.** We may disclose your PHI to our business associates that assist us in our delivery of health care and related services. For example, we contract with a management services organization, US Fertility, which provides non-clinical, administrative and business support services on behalf of RMANY, including without limitation, billing and collection services and technology and technology

support services. Other business associates may include software providers, lawyers, accountants and other persons or entities who provide us with items or services used in our business. Before we disclose your PHI to a business associate, we will have a written contract with the business associate that will require the business associate to maintain the privacy of your PHI in accordance with HIPAA.

- **Research.** We may use and disclose your PHI to conduct medical research as permitted under HIPAA. Under HIPAA, we may use or disclose PHI for research purposes if:
  - An applicable Institutional Review Board or Privacy Board determines that (1) the use or disclosure involves no more than minimal risk to the privacy of the individual's information, (2) the research could not practicably be conducted if individual authorization was required, and (3) the research could not practicably be conducted without access to the PHI
  - The use or disclosure is solely in preparation for research, for example, to design a research study, and we obtain representations from the researcher that your PHI will be used only for this purpose, will not be removed and is necessary for research purposes;
  - The PHI is from decedents; or
  - We use only a limited data set (i.e., excluding certain direct identifiers) and enter into data set agreement with the researcher
  
- **Uses and Disclosures Required by Law.** We may use or disclose your PHI as required by law but must limit such use or disclosure to relevant information and otherwise comply with applicable legal requirements.

- **Public Health Activities.** We may use or disclose your PHI for public health activities. For example, we may use or disclose your PHI to public health authorities responsible for collecting information for purposes of preventing or controlling disease and certain disclosures related to regulatory activities of the Food and Drug Administration.
- **Abuse, Neglect, or Domestic Violence.** We may use or disclose your PHI in some instances if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We may use or disclose your PHI for certain health oversight activities, including, for example, inspections and licensure of health care facilities.
- **Judicial and Administrative Proceedings.** We may use or disclose your PHI under some circumstances in response to a subpoena or order by a court or administrative tribunal.
- **Law Enforcement Purposes.** We may use or disclose your PHI for certain law enforcement purposes. For example, we may use or disclose your PHI to law enforcement officials for identification of suspects or where a crime has been committed on our premises.
- **Decedents.** We may use or disclose PHI of decedents to coroners, medical examiners, and funeral directors.
- **Serious Safety Threat.** We may use or disclose your PHI where we believe it is necessary to prevent or lessen a serious threat to the safety of a person or the public.
- **Specialized Government Functions.** We may use or disclose your PHI under some circumstances for specialized government functions, including those related to the armed forces, national security, and intelligence.

- **Scheduling Appointments, Appointment Reminders and Health Related Benefits or Services.** We may use and disclose your PHI to schedule appointments, give you appointment reminders, and give you information about treatment alternatives or other health care related services or benefits we offer.
- **Personal Representatives.** We may disclose your PHI to your personal representatives that are appointed by you or authorized by applicable law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. We may release such information for purposes that include (1) providing you with health care; (2) protecting your health and safety or the health and safety of others; or (3) protecting the safety and security of the correctional institution.

### **Uses and Disclosures for which You Have an Opportunity to Agree or Object**

- **Spouse/Significant Other.** We may disclose your PHI to your spouse or significant other, unless you object in whole or in part. For example, although PHI in your medical record belongs to you, it will contain some information pertaining to your spouse/significant other. This is because the treatment of infertility may focus on the couple, rather than the individual.
- **Individuals Involved in Your Care.** We may disclose your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity for you to agree or object may be given retroactively in emergency situations.

## **Your Authorization Is Needed for Other Uses and Disclosures**

Unless otherwise permitted by applicable law, we will not use or disclose your PHI for purposes not described in this Notice unless you give us written authorization to do so (including via electronic signature). If you give us such written authorization, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective with respect to all of your PHI that we maintain, unless we have already acted in reliance on your authorization.

## **Our Communications with You**

We may use several means of communicating with you to provide you with information and/or obtain information from you regarding your treatment, payment for services or for other lawful purposes. Such communications may include your PHI. You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

## **What Rights Do You Have Regarding Your PHI?**

- **The Right to Request Additional Restrictions on Uses and Disclosures of Your PHI.** You have the right to ask that we put additional restrictions on how we use and disclose your PHI. To request a restriction on our use and disclosure of your PHI, you must make your request in writing to our Privacy Officer. Please note that, except in limited circumstances, we are not required to agree to your requested

restrictions. We will notify you if we are unable to agree to a requested restriction.

- **The Right to Inspect and Copy Your PHI.** You have the right to inspect and copy PHI that may be used to make decisions about your care, excluding psychotherapy notes. You must put this request to us in writing.
- We may deny your request to inspect and copy in certain very limited circumstances. You may request a professional review of the denial. If you request a review, then we will designate another licensed health care professional to review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
  - **Note:** HIV-related information, genetic information, mental health records and other specially protected health information may be subject to certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.
- **The Right to Amend or Correct.** If you feel that your PHI maintained by us is incorrect or incomplete, you have the right to ask us to correct or amend the information. To request an amendment to your PHI, you must submit the request in writing using the contact information provided in this Notice, and your written request must include an explanation of the reasons for the amendment. Please note that in certain circumstances, we are not required to agree to your request.
- **The Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters by different means or at a different location than we currently use. To



request communications by alternative means or at alternative locations, you must make a written request to our Privacy Officer at the contact information provided in this Notice. We will accommodate reasonable requests. You do not need to give a reason for your request. Please note that in certain circumstances, we are not required to agree to your request.

- **Paper Copy of this Notice.** You have the right to request and receive a paper copy of this Notice.
- **The Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we and our business associates made for certain purposes for the last six (6) years.

If you want to exercise any of the rights described in this Notice, please direct your inquiry to:

RMA New York  
9600 Blackwell Road, Suite 500  
Rockville, MD 20850  
Attention: Chief Compliance Officer  
[complianceofficer@usfertility.com](mailto:complianceofficer@usfertility.com)

### **How to Complain About Our Privacy Practices**

If you think we may have violated your privacy rights, you may file a complaint with us at the contact information described above or with the Secretary of the United States Department of Health and Human Services. We will not take any retaliatory action against you if you file a complaint about our privacy practices.

**<sup>1</sup> This Notice of Privacy Practices applies to the following RMA New York entities: (1) Reproductive Medicine Associates of New York LLP.**