



# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## Introduction

This Notice of Privacy Practices is being provided to you on behalf of RMA New York with respect to reproductive medical services provided at RMA New York's facilities (collectively referred to herein as "We" or "Our"). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "Protected Health Information (PHI)." Protected Health Information includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care.

## Your Rights

Although your health record is the physical property of RMA New York, you have the right to:

- request a restriction on certain uses and disclosures of your information as provided by applicable law
- obtain a paper copy of this Notice of Privacy Practices upon request
- inspect and copy your health record as provided for by applicable law
- request an electronic copy of your electronic health record
- request to amend your health record as provided by applicable law
- obtain an accounting of disclosures of your health information as provided by applicable law.
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken
- request a restriction of disclosure of your health information to your health insurer for services for which you pay "out of pocket" in full
- transmit copies of your health information to third parties when request by you, in writing

## Our Responsibilities:

We are required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- where required by law, notify you in the event that there has been a breach of your unsecured health information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised Notice of Privacy Practices on our website at [www.rmany.com](http://www.rmany.com) as well as at our offices and provide you with a hard copy upon request. We will not use or disclose your health information without your authorization, except as described in this notice. We will not sell your health information (unless permitted by law) or use or disclose such information for paid marketing (for which we receive payment from a third party) without your authorization. If we obtain your authorization, you may revoke it at any time, and this revocation will take effect except where we have already relied upon your authorization.

## Permitted Uses and Disclosures

We will use and disclose your health information for treatment. For example: information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you're discharged from this practice.

We will use your health information for payment. For example: A bill may be sent to you or a third party payor, such as an insurance company or health plan, for the purposes of receiving payment for treatment and services that you receive.

This may also include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we provide for you, determining your eligibility or coverage for insurance benefits, reviewing services provided by you for medical necessity and undertaking utilization review activities. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. If you indicate your interest in participating in the Fertility Access Program, we will provide relevant information concerning your medical condition to the Fertility Access Program for determination of your qualifications for this financing program.

We will use and disclose your health information for our health care operations. This may include, but is not limited to quality assessment activities, employee review activities, licensing, legal advice, accounting support, information systems support and conducting or arranging for other business



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activities. For example, we may disclose your protected health information to an insurer or accreditation agency which performs chart audits. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use or disclose your protected health information, as necessary, to contact you to remind you of your scheduled appointment.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

We may also use or disclose your protected health information for purposes of conducting training programs in which medical students, trainees, fellows, or other practitioners, under our supervision, practice or improve their skills as health care providers. During your visit you may be asked to allow such trainees to observe and/or participate in your care. You have the right to refuse such observation and/or participation, and we will not discriminate against you for such refusal. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and the reproductive medicine service we provide.

We will collect health information on you and your spouse/significant other. For example: Although health information 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.

## Other Uses or Disclosures of Protected Health Information

**Business Associates:** There are some services provided at RMA New York through contacts with business associates. For example: the management services of US Fertility and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

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

**Communication with Spouse/Family:** Upon receiving your permission, healthcare providers may share information that is directly relevant to the involvement of a spouse, family member, or other person identified by you, in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may use and disclose your health information for research purposes if we have removed all information that has the potential to identify you so that the health information is "de-identified". De-identified protected health information is health information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify an individual. We may also use and disclose your protected health information for research purposes in connection with clinical study you have been enrolled, or for other research purposes. All such uses and disclosures of your protected health information in connection with the research will be in compliance with applicable law, which may or may not require your authorization.

**Marketing:** Where permitted by law, we may contact you to tell you about or recommend possible treatment alternatives or other medical technology and services that may be of interest to you. We may also seek your authorization to contact you with other marketing communications.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

**Public Health:** As required by law, your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability or for other health oversight activities.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**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.



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## For More Information or to Report a Problem/Complaint

If you believe your privacy rights have been violated, you should immediately contact the RMA New York Risk Management Team at [hipaa@rmaofny.com](mailto:hipaa@rmaofny.com).

We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services. If you have any questions or would like further information about this notice, please contact RMA New York's Risk Management Team at [hipaa@rmaofny.com](mailto:hipaa@rmaofny.com) or visit [www.rmany.com](http://www.rmany.com).

This notice is effective as of **July 15th, 2024**.

**I/We acknowledge that I/we have received the Notice of Privacy Practices.**

*By typing my name in the signature field below, I acknowledge that I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual signature on this form.*

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Partner Name (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_