

PLEASE SIGN THIS FORM TO ACKNOWLEDGE THAT WE HAVE PROVIDED YOU WITH A COPY OF THE OHIO REPRODUCTIVE MEDICINE NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices describes your rights in regard to your health information, the possible uses of your health information, and how we must protect the confidentiality of your health information.

THIS IS NOT A CONSENT

BY SIGNING THIS DOCUMENT YOU ARE ONLY STATING THAT WE HAVE PROVIDED YOU WITH A COPY OF OUR NOTICE OF PRIVACY PRACTICES. IF YOU WISH TO RECEIVE A COPY OF THIS FORM, ASK THE REGISTRATION/SCHEDULING STAFF MEMBER WHO IS ASSISTING YOU.

We encourage you to carefully read the full Notice. You may also access our Notice of Privacy Practices on our website: www.ohioreproductivemedicine.com. This website is also listed on the Notice.

I have been given the Ohio Reproductive Medicine Notice of Privacy Practices:

Signature: _____ Date: _____

Authorized Agent: _____ Relationship to Patient: _____

Documentation of Attempt: _____

SUMMARY OF THE NOTICE OF PRIVACY PRACTICES

NOTE: THIS INFORMATION IS DESCRIBED IN DETAIL IN THE NOTICE OF PRIVACY PRACTICES

Your rights include:

- A right to inspect and copy your medical information.
- A right to amend your health information.
- A right to request restrictions on what information we use or how we disclose your health information.
- A right to receive an accounting of certain disclosures we have made of your health information.
- A right to receive a paper copy of our Notice of Privacy Practices.

These rights do have special restrictions, so it is important to read the full Notice.

Possible uses of your health information and/or records:

- Plan for your care.
- Help your health care providers communicate and work together to care for you.
- Submit bills to pay for your care.
- Help health care payers make sure services were actually provided.
- Help improve the quality of health care. For example, if you are being seen at our facility, a Customer Service Representative may ask you how you are doing. Or, after your visit, we may contact you to see how you are doing and to find out how you felt about our service.
- Disclose information to certain officials or organization where we may, or are required to do so by law

Ohio Reproductive Medicine is a training facility. Your information could possibly be used to assist in the training and education of health care professionals. In every instance, every person who accesses your information is bound by our confidentiality requirements, as outlined in our Notice of Privacy Practices.