



*Nevada Center for
Reproductive Medicine*



Nevada Center for Reproductive Medicine (NCRM) Notice of Privacy and Security Practices

This following information explains how your personal health information might be used or discloses and how you can attain access to this information. Please review this information carefully.

Uses and Disclosures

Medical Action: Your health information may be used by NCRM or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Health Care Operations: Your protected health information may be used as necessary to support the day-to-day activities and management of NCRM. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Law Enforcement Officials: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting and Officials: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Consent to Use and Disclosure of Protected Health Information Use and Disclosure of Your Protected Health Information

Your protected health information will be used by NCRM or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You can read the NCRM Security and Privacy Policy for a more complete description of how your protected health information may be used or disclosed. You may review the policy prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information. NCRM may or may not agree to restrict the use or disclosure of your protected health information. If NCRM agrees to your request, the restriction will be binding on the practice.

Cancellation of Consent

You may abrogate this consent to the use and disclosure of your protected health information. You must cancel this consent in writing. Any use or disclosure that has already occurred prior to the date on which your cancellation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices

NCRM reserves the right to modify the privacy practices outlined in the notice.

Signature

I have reviewed this consent form and give my permission to NCRM to use and disclosure my health information in accordance with it.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient

NEVADA CENTER FOR REPRODUCTIVE MEDICINE

HIPAA PRIVACY RULE AUTHORIZATION
FOR RELEASE OF HEALTH INFORMATION

I, _____ authorize the specified person(s) or company to disclose protected health information as follows:

1. Company authorized to make disclosure: NCRM
2. Person authorized to receive the disclosed information:
Partner _____ **Other** _____
3. **Specific description** of the protected health information that may be used or disclosed: _____

4. I understand that the information received pursuant to this authorization may be disclosed by the recipient and might lose its protected status.
5. I understand that I may revoke this authorization by giving written notice to a representative of The Nevada Center For Reproductive Medicine.
6. I understand that I am entitled to receive a copy of this authorization.
7. I understand that after this information is disclosed, federal law might not protect it, and the recipient might re-disclose it.
8. I give authorization to the representative of NCRM to leave protected information on my home answering machine, or my cell voice mail.
(Initial here)

SIGNATURE OF PATIENT _____ **DATE:** _____

NAME: _____

WITNESS: _____ **DATE:** _____