

HIPAA Policy

for Preserve Your Fertility LLC, creator, facilitator, and owner of
SecureYourFertility.com and Secure Your Fertility Application

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 AND REPORT ANY GRIEVANCE TO PRESERVE YOUR FERTILITY, LLC PRIVACY OFFICIAL at our address.

The Health Insurance Portability & Accountability Act of 1966 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act improves the quality by restoring trust in the system and gives you significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

You have the following summary of rights with respect to your protected health information, which you can exercise by presenting a written request to Preserve Your Fertility, LLC Privacy Officer.

A. You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operations. You may also request that we limit our disclosures to persons assisting your care. We will consider your request, but are not required to accept it.

B. You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you by home, phone or mail.

C. Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a nominal fee for copying and mailing.

D. You have a right to receive a list of certain instances when we have used or disclosed your medical information.

We are not required to include in the list uses and disclosures for your treatment before January 1, 2017. If you ask for this information from us more than once every twelve months, we may charge you a fee.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

We have prepared our "Notice of HIPAA Privacy Practices" to inform you how we are required to maintain the privacy of your health information and how we may use and disclose your health information. Upon request, a Notice of HIPAA Privacy Practices containing a more complete description of the uses and disclosures of your health information is available to you and is on site at our physical location.

For the purposes of health care operations, treatment, and payment we may use and disclose your medical records.

DEFINITIONS:

Health care operations include the business aspects of running our medical concierge practice, laboratory service, consulting service, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service training.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers in our company or formally affiliated.

Payment means activities as pertaining to reimbursement for services, billing or collection activities and utilization review.

FURTHERMORE,

We may contact you to provide health-related services and laboratory information. We may also create and distribute de-identified health information by removing all references to individually identifiable information. All employees are trained to be HIPAA compliant and those that fail will be sanctioned appropriately, ranging from oral reprimand to termination. Any intentional breach of patient confidentiality, not permitted by law, shall be severely punished. Some members of our workforce require access to protected health information to perform their job duties, but we identify those members and specify the protected health information to which they are required to access and make reasonable efforts to limit their access accordingly.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Preserve Your Fertility, LLC
2188 Jog Road
Greenacres, FL 33415