HIPAA Compliance Program

Innovative Fertility Center has instituted this policy as part of it's Compliance Program to reflect it's commitment to comply with applicable federal laws, including but not limited to Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), state and local laws and sound ethical business practices. It is Innovative Fertility's policy to provide individuals with the opportunity to inspect the medical records that has been created by this practice to treat the individual and is used to make decisions about their care.

Procedures

- Office staff will receive and process all requests to inspect and copy medical records.
  This includes medical and billing records.
  Records related to an individuals care may be disclosed to an authorized person such as a parent or guardian upon proper proof of legitimate legal relationship.
- Upon request from an individual to inspect and copy medical records, staff will provide the individual with a *Request to Inspect and Copy Medical Records form* (see attachment A.) The individual must use this form to submit his/her requests in writing to the practice.
- The privacy officer will consult with the physicians to determine whether any reasons exist to restrict or deny an individual or his/her representative access to requested portions of the medical record.

Right to Deny a Request: A request to inspect and copy medical records may be denied for the following reasons:

A.) The practice does not posses the information requested.
B.) The individual requests psychotherapy notes and the Privacy Rules provides our practice with the discretion to deny requests to inspect and obtain a copy of psychotherapy notes.
C.) The information requested was obtained from a Third Party under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of information.
D.) The information requested has been compiled in anticipation of, or for use in a civil, criminal or administrative action or proceeding therefore the practice is not required to grant your request.
E.) The information requested is subject to or exempted by the Clinical Laboratory Improvement Amendments (CLIA) of 1998.
F.) The information requested was/is being created or obtained in the course of on-going research that includes treatment and you agreed to the denial of access as a condition of participation in the program. Your right of access will be granted when the program is complete.

Signature:_____