



Thomas Vaughn, M.D. Kaylen Silverberg, M.D. Lisa Hansard, M.D. Natalie Burger, M.D.
 Anthony Propst, M.D. Erika Munch, M.D. Susan Hudson, M.D.

PATIENT INFORMATION

Last Name		First Name		MI
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No		If not, what is your legal name?		Former or other name:
Address		City		State Zip
Date of Birth	Social Security No.	Driver's License No.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home Phone ()	Work Phone ()	Cell Phone ()	E-Mail (separate consent required)	

Referring Source Advertisement Website Friend Physician _____ Other _____

PCP/OBGYN Name: _____

Employer Name		Occupation		
Employer Address		City	State	Zip

PARTNER INFORMATION

Name of Spouse/Partner		Driver's License No.	Date of Birth	Social Security No.
Is this your legal name: <input type="radio"/> Yes <input type="radio"/> No		If not, what is your legal name?		Former or other name?
Occupation	Employer Name		Work Phone ()	Phone Number ()

EMERGENCY CONTACT

Name		Relationship	Phone Number ()	
Address		City	State	Zip

Assignment/Authorization of Benefits: I hereby give authorization for payment of insurance benefits to be made directly to *Texas Fertility Center* for services rendered, and authorize this healthcare provider to release all information necessary to secure payment. I understand that I am financially responsible for all charges whether they are covered by insurance. I further agree that this assignment/authorization of benefits will remain in effect until revoked by me in writing, and that a photocopy of this agreement is as valid as the original. By providing the above information, I have consented to be contacted by Texas Fertility Center at any of the above addresses or telephone numbers.

Patient Signature _____ Date _____

Partner Signature _____ Date _____



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Board Certified in Reproductive Endocrinology and Infertility
Board Certified in Obstetrics and Gynecology

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have been given the opportunity to review the Notice of Privacy Practices of the Texas Fertility Center that explains how my medical information may be used and disclosed. I understand that I am entitled to receive a copy of the Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority

Signature of Partner or Personal Representative

Date

Printed Name of Partner or Personal Representative

Description of Personal Representative's Authority

6500 N. Mopac, Building I, Suite 1200 • Austin, Texas 78731
16040 Park Valley Drive, Building I, Suite 201 • Round Rock, Texas 78681
5000 Davis Lane, Suite 100 • Austin, Texas 78749
18707 Hardy Oak Blvd, Suite 505 • San Antonio, Texas 78258
705 Generations Drive, Suite 102 • New Braunfels, Texas 78130
(512) 451-0149 • (512) 451-0977 (Fax) • www.txfertility.com



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AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO PARTNER/FAMILY

PATIENT /PARTNER NAME: _____ DOB _____
Last First MI

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ SSN _____

- I understand Texas Fertility Center ("TFC") is authorized by me to use or disclose my Protected Health Information for a purpose (described in this document) other than treatment, payment, or health care operations. I have read this authorization and understand what information will be used or disclosed, who may use and disclose the information, and the recipient(s) of that information. I understand that treatment, payment, enrollment, or eligibility for benefits may not be conditioned upon me signing this authorization.
- I understand that this authorization will expire one (1) year from the date I have signed this form. After this date, TFC can no longer use or disclose my Protected Health Information for the below purposes without first obtaining a new authorization form.
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.
- I have a right to revoke this authorization in writing, except to the extent that action has been taken in reliance on this authorization. In order for the revocation of this authorization to be effective, TFC must receive the revocation in writing, and the revocation must include: (My name and address, the effective date of this authorization, and the recipients of the Protected Health Information according to this authorization, my desire to revoke this authorization, and the date of the revocation, and my signature.) TFC will accept written revocations of this authorization via: (1) Certified U.S. mail or by (2) Facsimile at this number: (512)451-0977. ALL revocations must be sent to TFC's Privacy Officer and are not effective until received.

I specifically authorize Texas Fertility Center (TFC) to release my Protected Health Information to the recipient listed below:

NAME OF PERSON: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email: _____

INFORMATION TO BE DISCLOSED:

For Time Period: from _____ to _____

- All health information
- History and physical exam
- Lab reports
- X-ray reports
- Ultrasound Reports
- Summary Sheets (IVF/FSH)
- Other: _____
- Progress notes
- Pap smear
- Op/Pathology Reports
- Semen Analysis (partner must sign)

I specifically authorize the release of information relating to:

- Substance abuse (including alcohol/drug abuse) *
- Mental health (other than psychotherapy notes) and Developmental Disability Treatment:
- Genetic information (including, but not limited, to Genetic Test Results)
- IDS/HIV related information
- Donor egg, donor sperm, donor embryo, surrogacy, or gestational carrier

X _____

PURPOSE OF DISCLOSURE: Medical Care Insurance Other: _____

ELECTRONIC DISCLOSURE: I do do not authorize this information to be disclosed electronically.

Signature of Patient Date OR Parent/Legal Guardian/Authorized Person Date

This form allows for verbal or written communication with the designated recipient listed above. All fields on this form must be completed to process your request.

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Credit Card Authorization

Patient Name: _____ Account # _____

Billing Address: _____
Address City State Zip

Phone Number: (_____) _____

Services being paid for: _____

Type of Credit Card: VISA MASTERCARD DISCOVER AMEX

Name that appears on card (printed): _____

Credit Card Number: _____ V Code _____ Zip Code _____

Expiration Date: _____

Amount being charged: _____

I authorize Texas Fertility Center and my physician to charge services rendered that are listed above:

Cardholder Signature

Date

Texas Fertility Center Employee

Date



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FINANCIAL POLICY

Texas Fertility Center is committed to providing quality care to our patients. The following are financial policies we have established for our practice. If you have any questions regarding these policies, please talk with our billing department.

- **Patients without insurance** are expected to pay in full at the time of service. Payment in full must be made prior to the performance of any planned procedure. We accept payment by cash, check, MasterCard, Visa, American Express, or Discover.
- **Unauthorized and Non-Covered Services**—Any procedures deemed pre-existing or listed as a specific exclusion on the patient’s insurance policy will not be covered. Patients should expect to be billed directly for services not covered by their insurance company. Services that may not be covered include, but are not limited to the following:

Infertility Evaluations & Consultations	99050—After Hours Services
Genetic Screening or Counseling	58345—Fallopian Tube Catheterization
58322—Artificial Insemination (IUI)	58760—Fimbrioplasty
58970—Oocyte Retrieval	58750—Tubal Reanastomosis (reversal)
58974—Embryo Transfer	99340—Progesterone Management
76857—Folliculogram	58340—Saline Sonohysterogram, HSG
78656—Pelvic Ultrasound	58555—Diagnostic Hysteroscopy
58560—Resection of Uterine Septum	58559—Hysteroscopy with Lysis of Adhesions
58100—Endometrial Biopsy	58558—Hysteroscopy with Biopsy
96372—Injection	49320—Diagnostic Laparoscopy
99211—Injection Lesson	58660—Laparoscopy with Lysis of Adhesions

- **Government Sponsored Health Plans**—Our office is not a provider for any government sponsored health plans, such as Medicare, Medicaid, Tricare, or Champ VA.
- **Insurance**—Our office will file insurance claims for covered services rendered for contracted plans unless prior arrangements have been made directly by you with our Billing Department. Before our office can file your claim, an assignment of benefits must be signed. You are responsible for payment of all deductibles, co-insurance, and non-covered services. Co-payments, coinsurance and/or deductible amounts must be paid in full prior to the performance of any planned procedure. Please remember that insurance coverage is a contract between you and the insurance company, and it is ultimately your responsibility to understand your insurance benefits. Claims for **non-covered services** should not be submitted to your insurance company. Our office staff will be glad to assist you where possible.

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- **Referrals**—You are required to know whether your insurance company requires a referral and to obtain that referral prior to your scheduled appointment. Referrals typically have an expiration date and authorize a limited number of visits. Therefore, you should keep track of the dates and visits covered by your referral. Patients without a valid referral may not be seen. You are also required to know whether your insurance company requires pre-registration in an infertility case management program.
- **Returned Checks**—Texas Fertility Center charges a fee for all returned checks. In addition, you could be asked to bring cash or a money order to cover any returned check and assessed fee. In the event that one of your checks is returned, you could also be asked to bring cash or a money order to cover any future services.
- **Past Due Accounts**—Patients who have not made an effort to settle their account may be turned over to a collection agency and may not be able to schedule an appointment until arrangements have been made to settle their account. All past due accounts must be paid in full prior to starting a new cycle. In the event of default, patients may be responsible for costs associated with collection as well as reasonable attorney’s fees.
- **Out of network referral/Financial Interest Notice-** As a full-service embryology/andrology laboratory, Ovation Fertility’s (FPG Labs of Austin, IVF Laboratories of San Antonio LLC, and FPG Labs of Las Vegas) experienced lab personnel have the technology and expertise to provide high quality accurate results, which is a vital part of any infertility practice. For this reason, we are referring you to Ovation Fertility for andrology and embryology services. Ovation Fertility is not contracted with all insurance carriers. Some of the physicians at Texas Fertility Center have an ownership interest in Ovation Fertility and Austin Fertility Surgery Center (AFSC). Austin Fertility Surgery Center is not contracted with all insurance carriers.

I have read and understand Texas Fertility Center’s financial policy and agree to its terms. I am aware that non-covered services will not be billed to my insurance carrier and that I will be responsible for payment in full.

_____	_____	_____
Patient Name (Printed)	Patient Signature	Date
_____	_____	_____
Partner Name (Printed)	Partner Signature	Date

NOTICE OF PRIVACY PRACTICES

TEXAS FERTILITY CENTER ORGANIZED HEALTH CARE ARRANGEMENT

Effective Date 6/6/2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY TEXAS FERTILITY CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about your rights or this Notice, please contact the Privacy Officer at (512) 451-0149 ext. 7426.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI)

Texas Fertility Center has agreed to form and to enter into what is referred to as Organized Health Care Arrangement or "OHCA". Participants of the OHCA may share your Protected Health Information with other Participants of the OHCA for the purposes of treatment, payment, and health care operations in order to better address your health care needs. Participants of the OHCA have agreed to conduct at least one of the following joint activities: (a) utilization review, in which the OHCA Participants review the other Participants' health care decisions (or have a third party do so); (b) quality assessment and improvement activities, in which treatment provided by the OHCA Participants is assessed by other OHCA Participants (or a third party on their behalf); or (c) payment activities, to the extent the financial risk for delivering health care is shared, in part or in whole, by the OHCA Participants through a joint arrangement and Protected Health Information created or received by an OHCA Participant is reviewed jointly by the other OHCA Participants (or a third party on their behalf) for the purpose of administering the sharing of financial risk. We, and the other Participants of the OHCA, will share medical, billing, and other health information about you with each other as may be necessary to carry out these activities and as otherwise permitted by law. Currently, we participate in an OHCA with the following entities: Vaughn and Silverberg, LLP, Texas Fertility Center, Austin Fertility Surgery Center, San Antonio IVF, and Ovation. For purpose of this notice, the members of the Texas Fertility Center OHCA are collectively referred to in this document as Texas Fertility Center or ("TFC").

Who Will Follow This Notice?

1. Vaughn and Silverberg, LLP
2. Texas Fertility Center;
3. Texas Fertility Center affiliated entities, including Vaughn and Silverberg, LLP, Austin Fertility Surgery Center; San Antonio IVF; Ovation
4. Texas Fertility Center and its affiliated entities' subcontractors;
5. Participants of the Texas Fertility Center Organized Health Care Arrangement ("OHCA") who provide clinically integrated care, including: Vaughn and Silverberg, LLP, Texas Fertility Center, Austin Fertility Surgery Center, San Antonio IVF,; and Ovation; and
6. Subcontractors of the OHCA Participants.

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care from Texas Fertility Center or a Texas Fertility Center affiliated entity, a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

1. Basis for planning your treatment and services;
2. Means of communication among the physicians and other health care providers involved in your care;
3. Means by which you or a third-party payor can verify that services billed were actually provided;
4. Source of information for public health officials; and

5. Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as “medical information”). It also describes your rights and our obligations regarding the use and disclosure of medical information.

Our Responsibilities

Texas Fertility Center and its affiliated entities are required by law to:

1. Maintain the privacy and security of your medical information;
2. Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Abide by the terms of this notice;
4. Notify you if we are unable to agree to a requested restriction;
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations;
6. Notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information. We are required by law to notify you following a breach of unsecured protected health information. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law; and
7. Disclose, upon request, to you or another person named by you an electronic copy of your medical records. Texas law requires, however, that we first obtain your written authorization (under certain circumstances) prior to disclosing electronically.

The Methods in Which We May Use and Disclose Medical Information about You

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

1. **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
2. **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
3. **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run Texas Fertility Center or a Texas Fertility Center affiliated entity in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
4. **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, Texas Fertility Center or a Texas Fertility Center affiliated entity may provide a written or telephone reminder that your next appointment with Texas Fertility Center is coming up.
5. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

6. **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
7. **To the Department of Health and Human Services.** We will share information about you with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.
8. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
9. **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

Special Situations

1. **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
2. **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
3. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
4. **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
5. **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
 - a. To prevent or control disease, injury, or disability;
 - b. To report reactions to medications or problems with products;
 - c. To notify people of recalls of products they may be using;
 - d. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - e. To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.
 - f. All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.
6. **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
7. **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
8. **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - a. In response to a court order or court issued subpoena; or
 - b. If Texas Fertility Center or a Texas Fertility Center affiliated entity determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
9. **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.

10. **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
11. **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.
12. **Electronic Disclosure.** We may use and disclose your medical information electronically. For example, if another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically. Under Texas law, we are required to obtain your written authorization before we disclose your PHI, except to another covered entity for treatment, payment, and permissible health care operations.

DISCLOSURES REQUIRING AUTHORIZATION

1. **Psychotherapy Notes.** Psychotherapy notes are notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session – or during a group, joint, or family counseling session. If these notes are maintained separate from the rest of your medical records, they can only be used and disclosed as follows. In general, psychotherapy notes may not be used or disclosed without your written authorization, except in the following circumstances.

Psychotherapy notes about you may be used and disclosed without your written authorization in the following situations:

- a. The mental health professional who created the notes may use them to provide you with further treatment;
- b. The mental health professional who created the notes may disclose them to students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- c. The mental health professional who created the notes may disclose them as necessary to defend himself or herself or Texas Fertility Center in a legal proceeding initiated by you or your personal representative;
- d. The mental health professional who created the notes may disclose them as required by law;
- e. The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
- f. The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional's compliance, or Texas Fertility Center's compliance, with Federal privacy and confidentiality laws and regulations; and
- g. The mental health professional who created the notes may disclose them to medical examiners and coroners, if necessary, to determine your cause of death.

All other uses and disclosures of psychotherapy notes require your written authorization. You have the right to revoke such authorization in writing.

Marketing. Marketing *generally* includes a communication made to describe a health-related product or service that may encourage you to purchase or use the product or service. For example, marketing includes communications to you about new state-of-the-art equipment if the equipment manufacturer pays us to send the communication to you. We will obtain your written authorization to use and disclose PHI for marketing purposes unless the communication is made face-to-face, involves a promotional gift of nominal value, or otherwise permitted by law.

All other uses and disclosures of your information for marketing purposes require your written authorization. You have the right to revoke such authorization in writing.

2. **Fundraising.** We do not use and disclose your information for fundraising purposes.
3. **Sale of Your Medical Information.** Texas Fertility Center will not sell your medical information for marketing purposes. However, there are instances in which Texas Fertility Center will sell your PHI. For

example, should Texas Fertility Center merge or the practice is sold to another physician group, your medical record may be part of the asset transfer.

Any other Sale of Protected Health Information requires your written authorization. You have the right to revoke such authorization in writing.

4. **Uses and Disclosures Requiring an Opportunity to Agree or Object.** Please note that HIPAA permits us, in certain circumstances, to disclose your medical information without your authorization (including facility directors, emergency circumstances, and disclosure to relatives). Texas law is stricter. Therefore, we will not disclose your information for these purposes without first obtaining your explicit authorization.

INFORMATION SHARING BETWEEN PARTICIPANTS OF THE TEXAS FERTILITY CENTER ORGANIZED HEALTH CARE ARRANGEMENT

This notice applies to sharing of your medical information between Participants of the OHCA listed above in this Notice. If you receive services from a Participant of the OHCA, all Participants in the OHCA will share your medical information with one another for treatment, payment and certain joint health care operational purposes such as quality review and case management, and as otherwise permitted by federal and state law and this Notice. You are receiving this Notice because we believe that your information will be shared through the OHCA. More information about the OHCA can found by contacting the Privacy Officer at: (512) 451-0149 ext. 7426.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information collected and maintained about you:

1. **Right to Inspect and Copy.** The right to inspect and receive a copy of medical information that may be used to make decisions about your care. This includes the right to direct us to transmit a copy of your medical information to a designated person or entity of your choice. Usually, this includes medical and billing records. Upon your request, Texas Fertility Center will provide a copy of such records as soon as possible, and within fifteen (15) days of your request.

To inspect and receive a copy of your medical information or to direct us to provide a copy of your choosing, you must submit your request in writing or electronically to the Privacy Officer for Texas Fertility Center. If you request a copy of the information, Texas Fertility Center may charge a fee for the costs of copying, mailing, or summarizing your records. We will inform you of all fees in advance. You can also ask to see or get an electronic copy of health information we have about you. Please contact our Privacy Officer at (512) 451-0149 ext. 7426 with any questions you have on how to request access, receive a copy, or how to direct us to transmit your information to a designated person or entity. On our website (<https://txfertility.com>), there is a fee schedule for copies and/or summaries of medical records.

Texas Fertility Center may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Texas Fertility Center will review your request and denial. The person conducting the review will not be the person who denied your request. Texas Fertility Center will comply with the outcome of the review.

2. **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask Texas Fertility Center to amend the information. You have the right to request an amendment for as long as the information is kept by Texas Fertility Center.

To request an amendment, your request must be made in writing and submitted to Texas Fertility Center. In addition, you must provide a reason that supports your request.

Texas Fertility Center may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Texas Fertility Center may deny your request if you ask us to amend information that:

- Was not created by Texas Fertility Center, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Texas Fertility Center;

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

3. **Right to an Accounting of Disclosures.** To request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to Christi Schunek, Privacy Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. Texas Fertility Center will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. **Right to Request Restrictions.** To request a restriction or limitation on the medical information Texas Fertility Center or a Texas Fertility Center affiliated entity uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information they disclose about you to someone who is involved in your care or the payment for your care.

Neither Texas Fertility Center nor one of its affiliated entities is required to agree to your request, unless the request pertains solely to a health care item or service for which Texas Fertility Center has been paid out of pocket in full and: (i) the restriction pertains to payment or a health care operation and (ii) the disclosure is not otherwise required by law. Should Texas Fertility Center or one of its affiliated entities agree to your request, Texas Fertility Center or the affiliated entity will comply with your request unless the information is needed to provide you emergency treatment.

5. To request restrictions, you must make your request in writing to Texas Fertility Center or the Texas Fertility Center affiliated entity. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit their use and/or disclosure; and (3) to whom you want the limits to apply.

6. **Right to Request Confidential Communications.** To request that Texas Fertility Center or a Texas Fertility Center affiliated entity communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Texas Fertility Center or affiliated entity contact you only at work or by mail.

To request that Texas Fertility Center or an affiliated entity communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. Texas Fertility Center and Texas Fertility Center affiliated entities will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

7. **Right to Revoke an Authorization.** There are certain types of uses or disclosures that require your express authorization. For example, Texas Fertility Center or an affiliated entity may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your medical information, you may revoke such authorization in writing by contacting Christi Schunek, Privacy Officer, Texas Fertility Center, 6500 North Mopac Expressway, Building 1, Suite 1200, Austin, Texas 78731 or Christi@txfertility.com. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization.

8. **Right to Receive a Copy of this Document.** You have a right to obtain a paper copy of this document upon request.

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Texas Fertility Center or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with Texas Fertility Center, contact the Privacy Officer at (512) 451-0149 ext. 7426 . Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services
Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*

All complaints should be submitted in writing.

You will NOT be penalized for filing a complaint.



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Out of Network Disclosure-Lab Services

Date: _____

Patient Name: _____

Partner Name: _____

- Ovation Fertility – Embryology/Andrology services /Genetic testing
(FPG Labs of Austin, FPG Labs of Las Vegas and IVF Laboratories of San Antonio, LLC)
- ReproSource -Ovarian Reserve Testing and Sperm DNA Fragmentation, and other reproductive testing
- Ivigen/Ingenomix-Advanced Reproductive Genetic Services (PGS, PGD, ERA,SAT)
- Genesis Genetics/Cooper Genomics/Recombine-Genetic testing

To obtain the most technologically advanced testing we are referring you to an outside specialty laboratory that may or may not be contracted with your insurance. If your benefit plan includes non-network benefits, the non-network costs will apply. If your plan does not include non-network benefits, you will be responsible for the entire cost of the laboratory service.

As an independent full-service embryology/andrology laboratory, Ovation Fertility’s (IVF Laboratories of San Antonio LLC, FPG Labs of Austin and FPG Labs of Las Vegas) experienced lab personnel have the technology and expertise to provide high quality accurate results, which is a vital part of any infertility practice. For this reason, we refer all patients to Ovation Fertility for andrology and embryology services. Ovation Fertility is not contracted with all insurance companies. Some of the physicians at Texas Fertility Center have an ownership interest in Ovation Fertility.

I acknowledge and agree to being referred to a non-network laboratory should it be recommended during the course of my treatment or care.

Patient Signature

Date

Partner Signature

Date

***Patients will be given the opportunity to review and sign this form annually.*

6500 N. Mopac, Building I, Suite 1200 • Austin, Texas 78731
16040 Park Valley Drive, Building I, Suite 201 • Round Rock, Texas 78681
5000 Davis Lane, Suite 100 • Austin, Texas 78749
18707 Hardy Oak Blvd, Suite 505 • San Antonio, Texas 78258
705 Generations Drive, Suite 102 • New Braunfels, Texas 78130
(512) 451-0149 • (512) 451-0977 (Fax) • www.txfertility.com



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Email Informed Consent

Many patients prefer the convenience of electronic mail (“e-mail”) to other forms of communication. Texas Fertility Center offers established patients the opportunity to communicate by e-mail on weekdays during the normal business hours of 8:30 a.m. to 5:00 p.m. E-mail communications will not be monitored during off-hours, holidays, or weekends.

Texas Fertility Center will make every effort to read and respond to an e-mail from you within two (2) working days. However, Texas Fertility Center cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Therefore, should you need immediate assistance or in the event of technological or equipment failure, please call the office at (512) 451-0149.

For routine matters that do not require immediate response, please feel free to e-mail our office staff. Please remember, however, that this form of communication is not appropriate for use in an emergency.

The following types of information may be disclosed through e-mail:

- Scheduling inquiries
- Non-urgent medical questions
- Billing or insurance questions
- Requests for educational materials
- Test and lab results

Patient Treatment and Diagnosis: All e-mails to or from patients concerning diagnosis or treatment will be printed out and filed in the patient record. Since the information will be considered part of the record, other individuals authorized to access the record, such as staff and billing personnel, will also have access to those e-mails. Note that all e-mail is retained in the record of the system sending the e-mail.

Disclosures within Texas Fertility Center Office: Texas Fertility Center may forward e-mails internally to Workforce Members as necessary for diagnosis and treatment.

Although Texas Fertility Center acknowledges the conveniences of e-mail, transmitting patient information by e-mail has a number of risks that you should seriously consider prior to using e-mail. These risks include, but are not limited to, the following:

- E-mail is subject to transmission errors.
- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcasted worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily send an e-mail to the wrong address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.
- E-mail can be hacked.

- E-mail is subject to malware, spam, phishing, and use by third parties for malicious or other purposes that can harm you.



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- When communicating from work, you should be aware that some companies consider e-mail corporate property and your messages may be monitored. Even when emailing from home, you may feel access to your e-mail is not well controlled, so you should take that into consideration.

Taking into account these risks, Texas Fertility Center will use reasonable means to protect the security and confidentiality of e-mail communications as required by HIPAA, HITECH and Texas Law. However, it is impossible for Texas Fertility Center to guarantee the security and confidentiality of e-mail communications. Should confidential information be improperly disclosed, through no fault of Texas Fertility Center, Texas Fertility Center will not be liable for such disclosures.

E-MAIL SHOULD NOT BE USED FOR MEDICAL EMERGENCIES. IN THE EVENT OF AN EMERGENCY—CONTACT 911 IMMEDIATELY.

By consenting to communicate with Texas Fertility Center through e-mail, you also agree to the following responsibilities:

- If you send an e-mail to Texas Fertility Center that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify Texas Fertility Center that the e-mail was received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- You should mail, by certified mail, and NOT use e-mail to make disclosures about sensitive medical information such as:
 - Substance Abuse
 - AIDS/HIV
 - Mental Health Disorders
 - Sexually Transmitted Diseases
 - Work related injuries and disability issues
- It is your responsibility to inform Texas Fertility Center of any changes to your e-mail address.
- When sending an e-mail, please put the subject of your message in the subject line so that we process it more efficiently. Also, be sure to include your full name and return phone number in the body of the message.
- We also request that you acknowledge receipt of e-mail coming from this office by using the auto-reply feature.

Should you want to restrict any other kind of information that may be disclosed through the use of e-mail, please list the restrictions below:

Texas Fertility Center is not required to comply with your request in all instances. If it chooses not to comply (as permitted by law), it will not communicate with you via e-mail. If your request is approved, please understand that the restriction will not apply in case of an emergency or when disclosure is otherwise required by law.

Should you wish to revoke this consent, revocation must be made in written form or e-mail. In either case, the revocation must be addressed to Christi Schunek, who may be contacted at the following address or e-mail: 6500 North Mopac Expressway, Building 1, Suite 1200, Austin, Texas 78731, or Christi@txfertility.com.



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PATIENT ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail as set forth in this consent form.

Despite the risks associated with e-mail, I agree that Texas Fertility Center and Texas Fertility Center’s Workforce may use e-mail to facilitate communications about me. I understand that disclosures regarding my treatment and diagnosis, if applicable, may be made to not only me but also internally within Texas Fertility Center’s office or to appropriate third parties for services such as billing and/or treatment.

*****PLEASE SIGN BELOW*****

Patient Name: _____

Date of Birth: _____

Patient/Legal Representative Signature: _____

Date: _____

Email Address: _____

Please select one of the below options.

Encryption is a method used to send an email by making the message unreadable by anyone other than the intended recipient. If you choose to opt in for email encryption, you will receive an email from our office directing you on how to retrieve the message. Emails that aren’t sent encrypted will remain in a readable format and could potentially be viewed, read or shared by someone other than the intended recipient.

I do not want Texas Fertility Center to send encrypted emails to me. I understand that Texas Fertility Center cannot guarantee that unencrypted email messages are secure.

_____ Initial

I would like Texas Fertility Center to send encrypted emails to me.

_____ Initial

I do not wish to use email as a form of communication with Texas Fertility Center

Patient Name: _____

Patient/Legal Representative Signature: _____

Date: _____