NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed. It also describes how you can access this information. Please review it carefully.

In order to provide your care, Extend Fertility Medical Practice must collect, create, and maintain information about you and your health. Extend Fertility Medical Practice is required by law to maintain the privacy of this information. This Notice of Privacy Practices describes how Extend Fertility Medical Practice uses and discloses your health information and explains certain rights you have regarding this information. Extend Fertility Medical Practice is required by law to provide you with this Notice, and we will comply with the terms as stated.

How Extend Fertility Medical Practice Uses and Discloses Your Health Information

Extend Fertility Medical Practice protects your health information from inappropriate use and disclosure. Extend Fertility Medical Practice will use and disclose your health information for only the purposes listed below:

1. **Uses and Disclosures for Treatment, Payment, and Health Care Operations Without Your Consent or Authorization.** Extend Fertility Medical Practice may use and disclose your protected health information in order to provide care or treatment to you, obtain payment for services provided to you, and in order to conduct our health care operations as detailed below:

   A. **Treatment and Care Management.** We may use and disclose health information about you to facilitate treatment provided to you by Extend Fertility Medical Practice and other health care providers. For example, your Extend Fertility Medical Practice clinician may discuss your health condition with other doctors identified by you in order to obtain information necessary to plan your treatment. In addition, Extend Fertility Medical Practice will also disclose this to its partner Extend Fertility, LLC, as set forth in your consent.

   B. **Payment.** We may use and disclose health information about you for our own payment purposes and to assist in the payment activities of other health care providers. Our payment activities may include determining your eligibility for benefits.

   C. **Health Care Operations.** We may use and disclose health information about you to carry out health care operations, which include care management, quality improvement activities, evaluating our own performance, and resolving any complaints or grievances you may have. We may also use and disclose your health information to assist other health care providers in performing health care operations.

   D. **Appointments, Information, or Services.** We may contact you to provide appointment reminders or information about treatment or other health-related services that may be of interest to you.
2. **Other Uses and Disclosures Without Your Consent or Authorization.** Extend Fertility Medical Practice may use and disclose your health information without your specific written authorization for the following purposes:

   A. **As required by law.** We may use and disclose your health information as required by state, federal or local law.

   B. **Public health activities.** We may disclose your health information to public health authorities or other agencies and organizations conducting public health activities.

   C. **Victims of abuse, neglect, or domestic violence.** We may disclose your health information to an appropriate government agency if we believe you are a victim of abuse, neglect or domestic violence and you agree to the disclosure or the disclosure is required or permitted by law. We will let you know if we disclose your health information for this purpose unless we believe that advising you would place you or another person at risk of serious harm.

   D. **Health oversight activities.** We may disclose your health information to health oversight agencies for activities authorized by law such as audits, investigations, inspections, and licensing surveys.

   E. **Judicial and administrative proceedings.** We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.

   F. **Law enforcement purposes.** We may disclose your health information to the police or law enforcement officials as required or permitted by law in compliance with a court order or a grand jury or administrative subpoena.

   G. **Deceased individuals.** We may disclose your health information to a coroner, medical examiner, or a funeral director as necessary and as authorized by law.

   H. **Organ, eye, or tissue donations.** We may disclose your health information to organ procurement organizations and similar entities for the purpose of assisting them in organ, eye, or tissue procurement, banking, or transplantation.

   I. **For research.** If we perform research, then we may use or disclose your health information for research purposes, such as studies comparing the benefits of alternative treatments received by our patients or investigations into how to improve our care delivery. We will use or disclose your health information for research purposes only with the required Institutional Review Board approval, which must follow a special approval process.

   J. **Health or safety.** We may use or disclose your health information to prevent or lessen a threat to the health or safety of you or the general public. We may also disclose your health information to disaster relief organizations such as the Red Cross or other organizations participating in bioterrorism countermeasures.

   K. **Specialized government functions.** We may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, we may disclose your health information to appropriate military authority as is deemed necessary. We may also disclose your health information to federal officials for lawful intelligence or national security activities.

   L. **Workers' compensation.** We may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.
M. **Individuals involved in your care.** We may disclose your health information to a family member, relative, or close personal friend assisting you in receiving health care services. We will disclose your health information to these individuals only if you tell us to do this or if we can reasonably infer that you do not object.

3. **Special Treatment of Alcohol and Drug Abuse Records.** Health information we may receive about you from federally assisted alcohol or drug treatment programs is subject to special protection under federal law. We will not disclose this information except as where required by and in full compliance with federal law.

4. **Obtaining Your Authorization for Other Uses and Disclosures.** Extend Fertility Medical Practice will not use or disclose your health information for any purpose not specified in this Notice of Privacy Practices unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care.

**Your Rights Regarding Your Health Information**

You have the following rights regarding your health information:

1. **Right to Inspect and Copy.** You have the right to inspect or request a copy of health information about you that we maintain. Your request should describe the information you want to review and the format in which you wish to review it. We may refuse to allow you to inspect or obtain copies of this information in certain limited cases. We may charge you a fee of up to $.75 per page for copies or the rate established by the Department of Health.

2. **Right to Request Amendments.** You have the right to request changes to any health information we maintain about you if you state a reason why this information is incorrect or incomplete. Extend Fertility Medical Practice may not agree to make the changes you request. If we do not agree with the requested changes we will notify you in writing and inform you how to have your objection included in our records.

3. **Right to an Accounting of Disclosures.** You have the right to receive a list of the disclosures of your health information by Extend Fertility Medical Practice. The list will not include disclosures made for certain purposes including disclosures for treatment, payment, or health care operations or disclosures you authorized in writing. Your request should specify the time period covered by your request, which cannot exceed six years and may not include dates prior to February 1, 2016. The first time you request a list of disclosures in any 12-month period, it will be provided at no cost. If you request additional lists within the 12-month period, we may charge you a nominal fee.

4. **Right to Request Restrictions.** You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment, and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. Extend Fertility does not have to agree to the restrictions you request.

5. **Right to Request Confidential Communications.** You have the right to ask us to send health information to you in a different way or at a different location if you believe that you may be endangered by our ordinary form of communication. For example, if you are afraid that someone living with you may open your mail resulting in harm, you may ask us to mail to an alternate address. You must state in your request that you believe you may be
endangered. Your request for an alternate form of communication should also specify where and/or how we should contact you.

6. **Right to Paper Copy of Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices at any time. You may obtain a paper copy of this Notice by writing to the Extend Fertility Medical Practice Privacy Official. You may also print out a copy of this Notice by going to our website at extendfertility.com. Please submit a request to:

   Extend Fertility Medical Practice Privacy Official
   200 West 57th Street, Suite 1101
   New York, NY 10019-212-810-2828

**Complaints**
If you believe your privacy rights have been violated, you may file a complaint with Extend Fertility Medical Practice by writing to the Extend Fertility Medical Practice Privacy Official. You may also file a complaint with The Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against by Extend Fertility Medical Practice for filing a complaint.

**Changes to this Notice**
Extend Fertility Medical Practice may change the terms of this Notice of Privacy Practices at any time. If the terms of the Notice are changed, the new terms will apply to all of your health information, whether created or received by Extend Fertility Medical Practice before or after the date on which the Notice is changed. Any updates to the Notice will be made available on www.extendfertility.com within 60 days of the date on which it becomes effective. These Privacy Practices are effective December 1, 2016.