



NOTICE OF PRIVACY PRACTICES

Effective Date: 6/10/2026

MCRM Fertility

17300 N. Outer Forty, Suite 205

Chesterfield, MO 63005

Phone: 636-238-5861

www.mcrmfertility.com

Patient Name _____

Patient Signature _____

Date _____

I acknowledge that I have received a copy of First Fertility's Notice of Privacy Practices.

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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this or submit a request in writing to our Privacy Officer.
- We will provide a copy or a summary of your health information, within 30 days of your request (or within 60 days if the records are stored off-site, with one 30-day extension permitted if we notify you in writing of the reason for the delay and the date by which we will provide the records).
- We may charge a reasonable, cost-based fee limited to the cost of copying (including supplies and labor), postage (if you request mailing), and preparing an explanation or summary if you have agreed to receive a summary or explanation.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this or submit a request in writing to our Privacy Officer.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way about your medical information (for example, home or office phone) or to send your medical information to a different address. Ask us how to do this or submit a request in writing to our Privacy Officer.
- We will say, “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. Ask us how to do this or submit a request in writing to our Privacy Officer. We are not required to agree to your request, and we may say “no” if it would affect your care. If we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (an accounting) of the times we’ve shared (disclosed) your health information, for up to six years prior to the date you ask, who we shared it with, and why. Ask us how to do this or submit a request in writing to our Privacy Officer.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make, disclosures to you or your personal representative, disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement officials, and disclosures that were part of a limited data set). We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. You must provide us with a copy of the power of attorney document or guardianship papers, and we may require additional documentation to verify the representative's authority.

File a complaint if you feel your rights are violated

You can file a complaint with us if you feel we have violated your rights by contacting our Privacy Officer.

To file a complaint with our organization, please submit your request in writing to the Privacy Officer:

Nick Dailey, 17300 N. Outer Forty, Suite 205, Chesterfield, MO 63005

Phone: 636-238-5861 Email: NDailey@fertilitytexas.com

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- You can file a complaint with the U.S. Department of Health and Human Services’ Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
 - Complaints must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the Office of Civil Rights for good cause shown.
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation; or
- Include your information in a hospital directory.

If you are not able to tell us your preference - for example, if you are unconscious or in an emergency situation - we may share your information if we believe it is in your best interest to do so based on our professional judgment. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these following cases, we **never** share your information unless you give us written permission:

- Marketing purposes, except that we may contact you for the following without your authorization: (1) to provide refill reminders or communicate about a drug or biologic currently being prescribed to you; (2) for case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care; or (3) to describe health-related products or services provided by us. We may also contact you via HIPAA-compliant methods to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you;
- Sale of your protected health information; and
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts using your demographic information, dates of service, department of service, treating physician, outcome information, and health insurance status. You have the right to opt out of receiving fundraising communications. Each fundraising communication will include instructions on how to opt out of receiving future fundraising communications. If you opt out, we will not send you future fundraising communications. Any opt-out choice you make will apply until you notify us that you want to receive fundraising communications again.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **For Treatment**

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- **To Run Our Organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

- **To Bill For Your Services**

We can use and share your health information to bill and get payment from health plans or another financially responsible person or entity.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **To Help With Public Health And Safety Issues**

We can share health information about you for certain situations such as:

- Preventing disease;
- Helping with product recalls;
- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect, or domestic violence; and
- Preventing or reducing a serious threat to anyone’s health or safety.

- **To Conduct Research**

We can use or share your information for health research.

- **To Comply With The Law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

- **To Respond To Organ And Tissue Donation Requests**

We can share health information about you with organ procurement organizations.

- **To Work With A Medical Examiner Or Funeral Director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **To Address Workers’ Compensation, Law Enforcement, And Other Government Requests**

We can use or share health information about you:

- For workers’ compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law; and
- For special government functions such as military, national security, and presidential protective services.

- **To Respond To Lawsuits And Legal Actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you within 60 days if a breach occurs that compromises the privacy or security of your unsecured protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice at any time. If we make a material change to our privacy practices, we will change this notice and make the new notice available upon request, post it on our **website** at firstfertility.com, and provide a copy to you at your next service delivery or by mail upon request. Any changes to this notice will apply to all protected health information we maintain, including information created or received before the change was made.

Effective Date of This Notice: 6/12/2026

For More Information or to Report a Problem:

If you have questions or would like additional information about our privacy practices, you may contact our Privacy Officer at:

Privacy Officer:

Nick Dailey

17300 N. Outer Forty, Suite 205

Chesterfield, MO 63005

Phone: 636-238-5861

Email: NDailey@fertilitytexas.com
