



IVF MICHIGAN ROCHESTER HILLS & FLINT, PC

COMPASSION • DEDICATION • KNOWLEDGE

NEW PATIENT INFORMATION PACKET

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2 Hurley Plaza, Suite 209
Flint, MI 48503
810-262-9714
810-762-7040 (Fax)

Mostafa I. Abuzeid, M.D., F.A.C.O.G., F.R.C.O.G.
Director of Reproductive Endocrinology & Infertility
Board-Certified in Obstetrics/Gynecology
Board-Certified Reproductive Endocrinology & Infertility

3950 S Rochester Rd, Suite 2300
Rochester Hills, MI 48307
248-844-8845
248-844-9039 (Fax)



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Dear Patient,

To facilitate your first visit, we ask that you kindly forward to our office any relevant clinical records as soon as possible (if applicable), such as:

- **Records of previous infertility treatments**
- **Records of infertility work -up such as: semen analysis, hysterosalpingogram report and films, or CD. You will need to pick up the films (or CD) from the hospital where the test was done and bring them to your first appointment.**
- **Recent pap smear report**
- **Previous gynecological surgeries with pathology report (e.g., laparoscopy, hysteroscopy)**
- **Any laboratory test results pertaining to hormone levels or any infertility - related reports**
- **Any pelvic ultrasound reports**

All initial consultations will be provided by my Physician Assistant, under my guidance, in order to facilitate the intake and testing process. All consultations and follow up visits with our providers will be Telemedicine visits. A link will be sent to you via email 1-3 days prior to your visit. Please note **if you have an HMO insurance** (HAP, BLUE CARE NETWORK, PRIORITY HEALTH, ETC.) **a referral is required.** Please contact your primary care physician to get a referral prior to your visit. **It is your responsibility to make sure you have your referral. If your referral is not in place, you will be given the option to reschedule or pay for your visit (\$225).**

Our facility does not participate with Medicaid or Medicare. If you have one of these plans and opt to continue with our facility, it would be as self-pay and all services would be your responsibility.

Please complete the enclosed forms entirely, including the insurance section. Please make sure your forms are completed and returned to us at least 1 week prior to your scheduled appointment. **If we have not received the information at least 1 week prior to the appointment, the appointment will be rescheduled for a later date.**

You will find Medical-Release forms available on our website. We have indicated on those forms which records are needed. Please send the release forms to your physician so that we can have the records before your consult. You may also call your physician to ask them to fax your records to 248-844-9852 or 810-262-7040.

The charge for the first consult (\$225.00) is due in full prior to the visit for patients with no coverage.

We look forward to meeting you!

Sincerely,

MOSTAFA I. ABUZEID, MD, FACOG, FRCOG

Medical and Practice Director, IVF Michigan Rochester Hills & Flint PC

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OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing IVF Michigan Rochester Hills & Flint to partner with on your fertility journey. We view the Patient / Provider relationship as a partnership. Our goal is to assist you in this process by providing quality, individualized medical care in a timely. In order to accomplish this, we have established policies and procedures to ensure that the need of each patient is met without compromising the needs of others.

OFFICE HOURS

Office hours are Monday – Friday, 8am-3pm (closed for lunch 12-1). The offices can be reached at 248-844-8845 / 810-262-9714. The Flint office is closed on Thursdays. Routine services, defined as scheduling an appointment, non-emergency medical questions, prescription refills, and test results are managed during business hours. If a medical emergency occurs after business hours, contact the on-call phone to reach an on-call provider.

APPOINTMENTS

All New Patient and Follow-up visits are via Telemedicine. A link will be sent to your email 1-3 days prior to your appointment giving you access to your appointment at the scheduled time.

New Patient visit / Returning Patient visit (after 1 year):

We require all New Patients and Returning Patients to complete history and demographic forms and return them to the office no later than 1 week prior to the appointment. We also require all previous medical records pertaining to your chief complaint to be returned to our office no later than 1 week prior to the appointment. If the required documents have not been received at least 1 week prior to the scheduled appointment, the consultation will be rescheduled. Failure to do so will result in a need to reschedule the appointment when the information is available.

Follow-Up visits:

We require the results of all ordered tests prior to proceeding with a Follow-up visit. If tests were not completed as anticipated, we will reschedule your visit to later date when pending results are available.

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CANCELLATION OF AN APPOINTMENT

To be respectful of the medical needs of other patients, please be courteous and call one of our offices, Flint or Rochester Hills, promptly if you are unable to keep an appointment. This time will be reallocated to someone who needs treatment. **We require that you call at least 24 hours in advance.**

NO-SHOW POLICY

A “No-Show” is someone who misses a scheduled appointment without cancelling at least 24 hours in advance. No-Shows inconvenience those individuals who need access to medical care in a timely manner. Failure to be present at the time of a scheduled appointment will be recorded in your medical record as a “no-show.” The following fees will be incurred for missed appointments:

- First missed appointment: \$25 fee will be billed to your account.
- Second missed appointment: \$50 fee will be billed to your account.
- After 2 missed appointments, we will no longer schedule appointments or continue care.

FINANCIAL POLICY

Payment is due in full prior to each visit for non-covered services, copays, and deductibles. Balances are considered delinquent after 30 days. All balances must be paid in full prior to scheduling surgeries, initiating treatment cycles, or scheduling additional tests.

- **INSURANCE:** We participate with your insurance. Our Financial Team is available to assist you with understanding your insurance, deductibles, co-pays, and out-of-pocket expenses. You are responsible to provide the office with current insurance information and to ensure any referrals / authorizations are in place as required by your medical plan. We will make every effort to bill your insurance for services rendered. Please be aware that some, and perhaps all, of the services provided may be **NON-COVERED** services and not considered reasonable and necessary under your medical insurance plan. In this case the patient is financially responsible for these services.
- **Medicaid / Medicare:** Our facility does **NOT** participate with Medicaid and Medicare or any plans issued through these programs, we do not accept these health plans. **If you have these plans and wish to be seen, you assume financial responsibility for all services.** Prescriptions, lab work, and any other services ordered will not be covered even when performed at another location.

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- **HMO:** You are required by your insurance to obtain a referral for your visit. You will be responsible for obtaining this referral and updating it as you progress through treatment. As visits are scheduled, please contact our Financial Team to assist you with this process. If a referral is not current on an appointment date, you will be offered the option of rescheduling or to sign a waiver accepting financial responsibility for the visit.

PATIENT – PROVIDER PARTNERSHIP

As a partner with you, in your medical care, it is important that we share the same understanding of responsibilities.

MEDICAL TEAM AND STAFF:

- Provide our patients with clear instructions about expectations, treatment goals, and future plans.
- Provide explanations of diagnosis and clear instructions to our patient about medicines, tests ordered, and outside testing.
- Protect confidential health care information.
- Listen to our patients' feelings and questions to assist them in making necessary decisions about their care.

PATIENT RESPONSIBILITIES:

- Be honest about your history, symptoms, and other important information regarding your health. Share any changes in health that occur.
- Prepare for and keep scheduled appointments.
- Follow through on providers' advice including tests ordered and medication prescribed.

UNACCEPTABLE BEHAVIOR:

Respect and trust are vital in this partnership. There are patterns and behaviors that will diminish the partnership, ultimately leading to a break in trust and the deterioration of the relationship. If this occurs, it is not advantageous to your medical care to continue in this state. Our office has a zero-tolerance policy for the following patient and/or family member behaviors:

- Verbal abuse, including but not limited to, the use of profanity, belittling members of the medical team, yelling or screaming at staff, issuing threats of violence.
- Physical abuse, including but not limited to, kicking, hitting, spitting, throwing objects.

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OVERVIEW OF OUR OFFICE PROCESS

It is important when selecting a clinic to partner with that you choose one that can meet your expectations and needs. Our clinic has established protocols, processes, and procedures that have evolved over time to best assist us in meeting the needs of our patients based on the resources we have available. Our goal is to meet your needs in the time frame you require.

- **Incoming or Outgoing Medical Records** – Contact our office and select 0 to speak with our Medical Records Specialist on the status of incoming medical records or to initiate the process of obtaining a copy of your records. A copy of our Records Release Policy and form can be found on our website under Patient Forms.
- **Medical Questions** - Contact the office and select 4 to speak to a Nurse. Your call will be returned up to 2 business days.
- **Testing Process** – Contact the office and select 3 for the Clinical Support Team to set up testing. Your call will be returned within 1 business day. **The testing process will take up to 2 months /cycles to complete.** Many of these tests are time sensitive and will be organized by the medical team around and at different points during your menstrual cycle.
- **Prescription Refills and Medication Authorizations** – Contact the office and select 3 for the Clinical Team to initiate this process. Your call will be returned within 1 business day. Please prepare for this process as a Medication Authorization can take 3-7 days to complete. This process is defined by your insurance carrier’s guidelines. Please note, we are not able to refill prescriptions for patients that have not been seen in a year.
- **Financial** - You will be contacted with a friendly reminder of account balances that are due. Please contact our Financial Team by selecting 5 for payment assistance, insurance questions, or account balances.
- **Email** – Our Financial and Clinical team do respond to email inquiries. Please note, response times via email is 1-3 business days during office hours. For example, if you are in the office on Friday evening at 6pm you will receive a response between Monday and Wednesday. If you have an urgent issue, it is recommended that you contact the office by phone.

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IVF Michigan Rochester Hills & Flint PC	<i>Notice of Privacy Practices</i>	Revision Number: 1
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THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This Facility is required by law to provide you with this Notice of Privacy Practices (hereafter: “Notice”) so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact our HIPAA Compliance Officer.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you are admitted to our Facility, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Notice of Privacy Practices

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For Treatment

We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to Facility personnel who are involved in taking care of you at our Facility. Different departments of a Facility also may share health information about you in order to coordinate your care. We may also disclose health information about you to people outside the Facility who may be involved in your care after you leave a Facility. This may include family members, or visiting nurses to provide care in your home.

For Payment

We may use and disclose health information about you so that the treatment and services you receive at a Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all residents receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols.

We may also combine health information about many residents to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs.

Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances and customer service.

Notice of Privacy Practices

In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of residents.

We may disclose your age, birth date and general information about you in the Facility newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

Business Associates

There may be some services provided in our Facility through contracts with business associates. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Treatment Alternatives

We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services and Reminders

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care.

Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required By Law

We will disclose health information about you when required to do so by federal, state or local law.

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To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Organ and Tissue Donation

If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with residents' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Facility.

S.A.R.T

We are required to disclose statistics to S.A.R.T. (Society of Assisted Reproductive Technology) regarding pregnancy or no-pregnancy resulting from any procedures performed by our facility.

Photographs

If a patient provides photographs or cards of themselves and/or their family, as a result of treatment received from our facility, we have the right to display them in our offices unless the patient consents otherwise.

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Workers' Compensation

We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

OTHER DISCLOSURES

Reporting Federal and state laws may require or permit the Facility to disclose certain health information related to the following:

Public Health Risks

We may disclose health information about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying people of recalls of products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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Reporting Abuse, Neglect or Domestic Violence

Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.

Law Enforcement

We may disclose health information when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Facility; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institution

Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any

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disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your health information:

Right to Inspect and Copy

With some exceptions, you have the right to review and copy your health information.

You must submit your request in writing our HIPAA Compliance Officer.

We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend

If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility.

You must submit your request in writing to our HIPAA Compliance Officer.

In addition, you must provide a reason for your request.

We 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, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the Facility; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to our HIPAA Compliance Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you

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of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to our HIPAA Compliance Officer.

In your request, you must tell us:

1. what information you want to limit
2. whether you want to limit our use, disclosure or both
3. to whom you want the limits to apply, for example, disclosures to your spouse

Right to Request Alternate Communications

You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to our HIPAA Compliance Officer.

We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Facility and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility administrator.

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Facility, contact our HIPAA Compliance Officer.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

CONTACT US

If you wish to contact us regarding the terms in this Notice, please contact:

Name	IVF Michigan Rochester Hills & Flint, PC
Phone Number	810-262-9522
Email	kstrong@ivfmi.com