

隐私条例通知

NOTICE OF PRIVACY PRACTICES

本通知描述如何使用和透露您相关的医疗信息，以及如何获取这些信息。
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

请仔细阅读
PLEASE REVIEW CAREFULLY.

如果您对此通知有任何疑问，请致电 781-434-6500 与我们的隐私权官联系
If you have any questions about this notice, please contact our Privacy Officer at 781-434-6500

隐私声明的生效日期是 2003 年 4 月 14 日
The effective date of this privacy notice is April 14, 2003

在波士顿试管婴儿中心（以下简称“中心”），我们尊重您健康信息的隐私和机密性。本隐私条例通知（以下简称“通知”）描述我们如何获取，使用和透露您的健康信息，以及您有关健康信息的权利。该通知适用于您在我们的中心建立和/或保有的健康信息，包括我们从其他健康医疗提供者或机构收到的任何信息。您的健康信息包括您过去，现在或将来的健康，治疗或医疗费用相关的个人身份信息。

At Boston IVF (hereinafter referred to as “Practice”), we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices (“Notice”) describes how we may obtain, use and disclose your health information, and your rights concerning your health information. The Notice applies to your health information created, and/or maintained at our Practice, including any information that we receive from other health care providers or facilities. Your health information includes individually identifiable information that relates to your past, present or future health, treatment or payment for health care services.

我们对您的责任： **OUR RESPONSIBILITIES TO YOU:**

法律要求我们保护您健康信息的隐私，提供您有关健康信息的法律义务和隐私条例通知，并遵守目前有效的通知的条款
We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices with respect to your health information, and to comply with the terms of our Notice currently in effect.

谁将遵循此通知： **WHO WILL FOLLOW THIS NOTICE:**

本通知中描述的隐私条例将遵循如下(i)任何有权将信息输入您的“执业医疗记录”中的医疗专业人员。(ii)该业务所有部门和单位；(iii)所有雇员，职员及其他执业人员；(iv)我们的员工。所有此类相关的人，皆可共享您的健康信息，含本通知中所述的治疗，付款或手术目的。其他与我们无关的医疗从业者，可能就其使用或透露，您在该业务部门或设施中所建立或收到的健康信息，会有不同的政策或声明。

The privacy practices described in this Notice will be followed by (i) any health care professional who is authorized to enter information into your Practice medical record; (ii) all departments and units of the Practice; (iii) all employees, staff and other Practice personnel; and (iv) our associates. All such parties may share your health information with each other for treatment, payment or operation purposes as described in this Notice. Other health care providers that are not affiliated with us may have different policies or notices regarding their use and disclosure of your health information created or received in their practice or facility.

我们将如何使用和透露您的健康信息 **HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION**

以下类别描述我可能以不同方式使用和透露您的健康信息。下面每个类别的范例，并未列出该类别内每种可能使用或透露的类型。但是，我们是被允许使用和透露您的健康信息，这些方式皆属于下述类别之一。

The categories listed below describe the different ways that we may use and disclose your health information. The examples included with each category below do not list every type of use or disclosure that may fall within that category. However, all of the ways we are allowed to use and disclose your health information will fall within one of the categories below.

使用和透露治疗，付款和健康医疗执行
USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

在 2003 年 4 月 14 日之后，您在业务部门初次看诊完，您将被要求以书面同意用于治疗，付款和医疗照顾业务为目的的用途和透露。此类使用和透露对于您进行治疗，确保付款和我们业务执行至关重要，因此我们的所有患者都必须需签此同意书，并且在您向我们提供此类书面同意书后，我们可能会规定提供非紧急治疗。

Upon your first visit to the Practice after April 14, 2003 you will be asked to consent in writing to uses and disclosures for treatment, payment and health care operations purposes. As such uses and disclosures are essential to render you treatment, secure payment and operate our Practice, this consent is required of all of our patients and we may condition the provision of non-emergency treatment upon on your provision of such a written consent to us.

治疗：我们可能会获取，使用和透露您的健康信息，以便为您提供治疗或服务，并协调您下一步的治疗。我们可能将您的健康信息透露给我们中心一起参与照顾您的医生，护士，技术人员，医学系学生或其他参与您护理的相关医疗人员。例如，我们办公室的专业人员可能需要与其他中心的专业人员进行咨询，该专家已经帮您治疗过您当前病情有关的疾病。该中心还可能与其他方共享有关您的健康信息，以协调您所需要的治疗，例如处方，抽血检查和透视。

For Treatment: We may obtain, use and disclose your health information to provide you with treatment or services and to coordinate your continuing care. We may disclose health information about you to doctors, nurses, technicians, medical students, or other Practice personnel who are involved in taking care of you both within our offices and with other health care providers involved in your care. For example, a professional in our office may need to consult with a professional from another practice who has treated you for a condition that is relevant to your current condition. The Practice may also share health information about you with other parties to coordinate the treatment you need, such as prescriptions, lab work and x-rays.

付款：我们可能会使用和透露您的健康信息，以便向您，保险公司或第三方，收取您在本中心接受的治疗的费用。例如，我们可能需要向您的保险公司，提供有关您在本中心所做的检查，以便您的保险公司支付费用或退还给检查费用给您。我们也可能告知您保险公司，关于您将要接受的治疗计划，以获得事先批准或确定您的保险是否涵盖该治疗。

For Payment. We may use and disclose your health information so that the treatment you receive at the Practice may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your insurer information about a test you received at the Practice so your insurer will pay us or reimburse you for the test. 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.

医疗保健运营：如有必要，我们可能会在业务运行中使用和透露有关您的健康信息。例如，我们可能会使用健康信息来审查我们的治疗和服务，并评估我们的员工在照顾您以及其他质量改进和专业审查目的。

For Health Care Operations. We may use and disclose health information about you, as necessary, for Practice operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you and for other quality improvement and professional review purposes.

协助我们的第三方：在治疗，付款和医疗保健运营方面，我们可能会让我们的业务伙伴代表我们，替我们共享您的健康信息，例如账务代理，管理顾问和律师。我们将从业务伙伴那里获得保证，他们将适当保护您的信息。

Parties That Assist Us. In connection with treatment, payment and health care operations, we may share your health information with our “business associates” that perform activities for us on our behalf, such as billing agents, management consultants and attorneys. We will obtain assurances from our business associates that they will appropriately safeguard your information.

约诊提醒：我们可能会使用和透露有关您的健康信息，以提醒您预约本中心的治疗方案。

Appointment Reminders. We may use and disclose health information about you to remind you about an appointment for treatment at the Practice.

治疗选择：我们可能会使用和透露有关您的健康信息，以告诉或建议您可能感兴趣的治疗选择。

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

健康相关的福利和服务：我们可能会使用和透露有关您的健康信息，以告诉您可能会感兴趣与健康相关的福利或服务。

Health-Related Benefits and Services. We may use and disclose health information about you to tell you about health-related benefits or services that may be of interest to you.

未经您的书面授权或同意，我们可能会做出的使用和透露

USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR CONSENT

涉及照顾您或支付费用的人：我们可能会向家庭成员，亲戚或朋友或任何您认识的人，透露有关您的健康信息，如下所示：(i) 在使用或透露之前，您本人在场而且您不反对；或(ii) 当您不在场（或您无行为能力）时，前提是，我们认为进行此类透露，符合您的最大利益。此类透露只包括，参与您的医疗照顾或支付您医疗照顾的费用的人相关的直接健康信息。

Individuals Involved in Your Care or Payment for Your Care. We may disclose health information about you to a family member, relative or friend, or anyone else you identify, as follows: (i) when you are present prior to the use or disclosure and you do not object; or (ii) when you are not present (or you are incapacitated), provided that we determine it is in your best interests to make such disclosure. Such disclosures will only include health information that is directly relevant to the person’s involvement in your health care or payment related to your health care.

赈灾：我们可能会向协助救灾工作的机构，透露有关您的健康信息。

Disaster Relief. We may disclose health information about you to an entity assisting in a disaster relief effort.

研究：在某些情况下，我们可能出于研究目的使用和透露有关您的健康信息。大多数研究项目都需要经过特殊的批准程序。在我们使用或透露您的健康信息进行研究之前，该项目将已经通过该研究批准流程。我们还可能向研究人员透露有关您的健康信息(i)准备进行一项研究项目，只要他们审查的健康信息未离开该中心，或(ii)在您过世后进行研究。否则，未经您的书面授权，您的健康信息不会被用于研究目的。

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. Most research projects are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved through this research approval process. We may also disclose health information about you to researchers (i) preparing to conduct a research project so long as the health information they review does not leave the Practice or (ii) conducting research after your death. Otherwise, your health information will not be used or disclosed for research purposes without your written authorization.

市场营销：我们可能会根据需要使用或透露您的健康信息，以向您提供有关本中心提供的治疗替代方案或其他与健康相关的产品或服务的信息，引导或推荐其他疗法，专业者或护理设置。我们可能会在与您进行面对面交流时使用或透露您的健康信息，或向您提供象征性的促销礼物。

Marketing. We may use or disclosure your health information, as necessary, to provide you with information about treatment alternatives or other health-related products or services provided by the Practice or to direct or recommend other therapies, providers or settings of care. We may use or disclosure your health information in the course of a face to face communication made to you or to provide you with a promotional gift of nominal value.

根据法律要求：根据联邦，州或地方法律的要求，我们可能会使用或透露有关您的健康信息。

As Required By Law. We may use or disclose health information about you as required by federal, state or local law.

避免对健康或安全构成严重威胁：当我们认为有必要防止，对您，公众或他人的健康和造成严重威胁时，我们可能会使用和透露有关您的健康信息。但是，任何透露仅是针对能够帮助限制或阻止威胁的人。

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help limit or prevent the threat.

代理人：根据麻州法律，对于没有资格做出明智医疗决定的患者，健康信息的使用和透露权属于患者指定的医疗代理，法院指定的监护人，父母或其他法定监护人。在未成年的情况下，管束或未成熟，而无法做出明智医疗决定。对于已故患者而言，该患者健康信息的使用和透露权，归患者遗产的遗嘱任命执行者或遗产管理人所有。

除非我们有合理的理由认为代理人可能虐待，忽视患者或可能危及患者，否则这些人，患者的代理人，将授予该患者所有健康信息的完整权限，除非我们确定这样做不符合患者的最大利益。

Personal Representatives. Under Massachusetts law, the rights over health information uses and disclosures for patients not competent to make informed health care decisions rests with either a health care agent appointed by the patient, a court-appointed guardian, or a parent or other legal guardian in the case of a minor who is not emancipated or mature enough to make informed health care decisions. In the case of a deceased patient the authority over the use and disclosures of that patient's health information rests with the duly appointed executor or administrator of the patient's estate. Such individuals, as personal representatives of the patient, will be given full access to all of that patient's health information, unless we determine it is not in the best interest of the patient upon a reasonable belief the personal representative may be engaging in abuse or neglect or could endanger the patient.

未成年人：如果您尚未成年，在麻州法律允许的情况下，我们未经父母同意，将您视为管束或成熟的未成年人，则您的主治医师必须通知父母或法定监护人，任何您可能遇到的严重医疗状况，此类父母通知您也应该被告知。

Minors. If you are minor and we treating you as an emancipated or mature minor without parental consent as allowed under Massachusetts law, your treating physician is required to notify your parent or legal guardian of any serious medical condition that you are believed to have but you shall be informed of such parental notification.

虐待，忽视或家庭暴力的受害者：如果我们认为您适用的麻州法律，遭受儿童，老人或残疾人虐待，忽视或家庭暴力的受害者，我们可能会向有关政府当局透露您的健康信息。

Victims of Abuse, Neglect or Domestic. We may disclosure your health information to the appropriate government authorities if we believe you have been the victim of child, elderly or disabled person abuse, neglect or domestic violence, in accordance with applicable Massachusetts law.

验尸官，体检医师，殡仪社馆长，器官和组织捐赠：我们可能会将您的健康信息传送给验尸官，体检医师，殡仪社馆长，如果您是器官捐赠者，则可能会传送给参与器官和组织捐赠的机构。

Coroners, Medical Examiners, Funeral Directors, Organ and Tissue Donation. We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

特殊的政府职能：如果您是武装部队成员，我们可能会按照军事指挥当局的要求使用和透露您的健康信息。我们还可能将有关外国军事人员的健康信息传送给相关的外国军事当局。我们可能会向联邦授权官员传送有关您的健康信息，以进行情报，反情报和其他法律授权的国家安全活动，因此，它们可能会为总统，其他授权人员，外国国家元首提供保护，或进行特殊调查。

Specialized Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, or so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.

工会：我们可能会使用或透露您的健康信息，以遵守有关工人赔偿或类似方案的法律，但未经您的书面授权，我们不会向您的雇主报告工作场所的伤害或其他问题。

Workers' Compensation. We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs, however, we will not report workplace injuries or other matters to your employer without your written authorization.

公共卫生活动：我们可能会通过各种公共卫生活动（例如，预防或控制疾病，伤害或残疾）透露您的相关健康信息；报告出生，高危婴儿和死亡；向当地公安和州公共卫生与安全机构报告，对药物的反应或产品问题，或向医院报告伤势，烧伤或其他伤害。

Public Health Activities. We may disclose health information about you for a variety of public health activities, such as preventing or controlling disease, injury or disability; reporting births, high risk infants and deaths; reporting reactions to medications or problems with products, or reporting wounds, burns, other injuries to local police and state public health and safety agencies.

健康监督活动：我们可能会向健康监督机构透露有关您的健康信息，以进行某些合法授权的活动，例如审计，调查，检查，对投诉的回应，许可和纪律处分，及认证调查，来监控医疗体系，政府卫生计划和遵守适用的州和联邦法律法规。

Health Oversight Activities. We may disclose health information about you to a health oversight agency for certain legally authorized activities, such as, audits, investigations, inspections, response to complaints, or licensure and disciplinary actions and certification surveys to monitor the health care system, government health programs and compliance with applicable state and federal laws and regulations.

州立计划联系的透露：**我们可能会被要求透露与麻州州立机构和计划有关的健康信息，例如退伍军人福利，联邦的支持，抚养子女家庭的援助，麻州保险，麻州白卡，医疗安全部，心理健康部和由总检察长管理的受害者援助基金。**

Disclosure in Connection with State Programs. **We may be required to disclose your health information in relation to various Massachusetts state agencies and programs, such as Veterans Benefits, Support of the Commonwealth, Aid to Families with Dependent Children, MassHealth, Medicaid, Department of Medical Security, Department of Mental Health and the Victim's Assistance Fund administered by the Attorney General.**

诉讼和其他法律程序：我们可能会根据法院，行政命令或传票透露您的健康信息。如果我们收到传票或其他发现您健康信息的请求，我们将与您联系，以得到您的书面授权，否则将根据麻州法律，反对此类作业请求，并且不会释放您的任何健康信息，除非具有适当管辖权的法院命令。

Lawsuits and Other Legal Proceedings. We may disclose your health information in response to a court or administrative order or summons. In the event we are served with a subpoena, or other discovery request for your health information, we will either contact you to seek your written authorization or will otherwise object to such a production request in accordance with as Massachusetts law and not release any of your health information unless otherwise ordered to do so by a court with proper jurisdiction.

执法：在某些有限的情况下，例如回应法院命令，搜查令，行政要求，调查要求或其他合法授权的程序，我们可能会向执法人员透露有关您的健康信息；根据法律要求，或解决迫在眉睫的严重危险。此外，在某些情况下，任何与我们合作的执照精神科专业人员都必须透露明确的威胁，杀害或造成严重的身体伤害的受害人。

Law Enforcement. We may disclose health information about you to a law enforcement official in certain limited circumstances, such as, in response to a court order, warrant, administrative request, investigative demand or other legally authorized procedure; as required by law, or to address an imminent and serious danger. In addition, any licensed mental health professionals affiliated with us in certain circumstances must disclose explicit threats to kill or inflict serious bodily injury upon a reasonable identified victim(s).

囚犯/法律执行监护权：如果您是教养所的囚犯或在执法人员的监护下，我们可能会向教养所或执法人员传送有关您的健康信息，目的是为您提供医疗保健，保护您，他人的健康和安全性，或为了教养所的安全性。

Inmates/Law Enforcement Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official for the purpose of providing you with health care, protecting your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

必要的透露：我们必须向美国卫生与公共服务部透露您的健康信息，以审查我们对联邦法律中隐私管理的遵守。

Required Disclosures. We are required to disclose your health information to the United States Department of Health and Human Services to review our compliance with federal law governing your privacy rights.

有关透露受保护或专有信息的特殊规定

SPECIAL RULES REGARDING DISCLOSURES OF PROTECTED OR PRIVILEGED INFORMATION

对于联邦或麻州法律适用的特权或附加保护的健康信息的透露，例如艾滋病毒和基因检测结果或精神健康交流，除非获得您的书面授权或法院下令透露，否则我们通常不会透露此类信息。

For disclosures concerning health information which is privileged or additionally protected under applicable federal or Massachusetts law, such as HIV and genetic tests results or mental health communications, we generally may not disclose such information unless you give us written authorization or a court orders the disclosure.

所有其他用途和您的健康信息披露都需要您的书面授权

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

除上述内容外，我们在任何其他使用或透露之前，先取得您的书面授权。书面授权旨在告知您健康信息的特定用途或透露。您可以随时撤销先前给予的书面授权，但必须以书面形式撤销。如果您撤销授权，除非我们已经根据您的授权采取行动，否则我们将不再出于此目的使用或透露您的健康信息。

We will obtain your written authorization prior to making any use or disclosure other than those described above. A written authorization is designed to inform you of a specific use or disclosure of your health information. You may revoke a written authorization previously given at any time but you must do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes specified in that authorization except where we have already taken actions in reliance on your authorization.

我们如何在中心保护您的健康信息

HOW WE PROTECT YOUR HEALTH INFORMATION WITHIN THE PRACTICE

中心遍及整个办公室，以口头，书面和电子健康信息保护。我们不会将您的健康信息出售给任何人。我们有许多内部政策和程序，主要在控制和保护您的健康信息的部隐私和安全性。这些政策和程序解决了，例如我们员工使用健康信息的问题。此外，我们对所有员工进行这些政策和程序的相关培训。我们会定期评估和更新我们的政策和程序，以遵守适用法律。

The Practice protects oral, written and electronic health information throughout its offices. We will not sell your health information to anyone. We have many internal policies and procedures designed to control and protect the internal privacy and security of your health information. These policies and procedures address, for example, use of health information by our employees. In addition, we train all of our employees about these policies and procedures. Our policies and procedures are periodically evaluated and updated for compliance with applicable law.

关于您健康信息的权利

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

尽管您的病历是该中心的资产，但是您对我们保留您的相关健康信息拥有以下权利：

Although your medical records are the physical property of the Practice, you have the following rights regarding the health information we maintain about you:

检查和复制权：您或您的代理人通常有权检查，获取决定您的医疗健康信息记录的副本。要检查或复制此类记录，必须向隐私官，位于麻州沃尔瑟姆市第二大街 130 号邮编 02451，提出书面要求。在某些情况下，我们可能会拒绝该请求，但您可以要求对拒绝进行审查。如果您或您的代理人要求复制信息，我们可能会收取与您的请求相关的复制，邮寄或其他耗材的费用，但是，如果您要求医疗记录是为了福利申请，我们可能不会就复制记录向您收取费用。我们保留收取较高费用的权利，以便向其他授权人提供您的记录副本，或提供摘要或报告。

Right to Inspect and Copy. You or your personal representative generally has the right to inspect and to obtain a copy of your documented health information used to make decisions about your care. To inspect or copy such records, a written request must be submitted to **Privacy Officer, 130 Second Avenue, Waltham, MA 02451**. In certain instances, we may deny such a request but you may request that the denial be reviewed. If you or your personal representative requests a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, however, we may not charge you for copying records if you requested the records to support an application for a public benefit. We reserve the right to charge a higher fee for providing copying of you records to other authorized persons, or for the production of summaries or reports.

修改权：如果您认为我们掌握的有关您的健康信息有误或不完整，您可以要求对我们保留的信息做修改。请求修改，您必须以书面形式向我们的隐私官提出请求和请求原因。如果不是书面形式或不包含支持该请求的理由，我们可能会拒绝您的修正请求。此外，如果 (a)信息不是出自于我们，我们可能会拒绝您的请求，除非您提供合理的信息，表明该信息的创建者无法使用于进行修改；(b)不是我们保存或为我们保存的健康信息的一部分；(c)不是您被允许检查和复制的健康信息的一部分；或(d)是准确和完整的。

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information while it is kept by or for us. To request an amendment, you must submit your request and your reason for the request in writing to our Privacy Officer. 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 the information (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to make the amendment; (b) is not part of the health information kept by or for us; (c) is not part of the health information you are permitted to inspect and copy; or, (d) is accurate and complete.

透露核算权：您有权要求对某些您的健康信息的透露进行“核算”。这是我们或其他人代表我们所做的透露清单，但不包括(a)有关治疗，付款和医疗保健运营的透露；(b)向您，您指定的家人或朋友提出的；(c)经您或您的代理人授权；(d)在 2003 年 4 月 14 日之前作出；(e)用于其他目的，包括国家安全目的。要请求此透露清单，您必须以书面形式向我们的隐私官提交申请。您的申请必须声明，不超过 6 年间，且不包括 2003 年 4 月 14 日之前的日期。您的请求应指明您希望使用哪种形式（例如，纸质或电子形式）的列表。在 12 个月内您第一次要求核算处理是免费；如有其他要求，我们可能会向您收取提供清单的费用。我们会通知您所涉及的费用，您可以选择在付费前取消或修改您的请求。

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures (a) for treatment, payment and health care operations; (b) made to you or family or friends you have designated; (c) made upon the authorization of you or your personal representative; (d) made before April 14, 2003; and (e) for other purposes, including national security purposes. To request this list of disclosures, you must submit your request in

writing to our Privacy Officer. Your request must state a time period that may not be longer than six years 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 accounting you request within a 12-month period will be free; for further requests, we may charge you our costs of providing the list. We 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.

要求限制的权利：您有权要求限制我们在治疗，付款或医疗保健运营中使用或透露的有关您的健康信息。您也有权要求限制我们与您的照顾有关的家庭成员或朋友透露您的相关健康信息。要请求限制，您必须以书面形式向我们的隐私官提出请求。在您的请求中，您必须告诉我们(1)您想限制哪些信息，(2)您是否要限制我们的使用，透露或两者，以及(3)您希望限制哪些人（例如，不向您的配偶透露活检报告）。**我们不需要同意您的要求。**如果我们同意，我们将遵守您的要求，除非需要信息来为您提供紧急治疗。

Right to Request Restrictions. You have the right to request limitations on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to family members or friends involved in your care. To request restrictions, you must make your request in writing to our Privacy 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, and (3) to whom you want the limits to apply, (for example no disclosure of a biopsy result to your spouse). **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.

请求通信保密的权利：您有权要求我们以特定方式或在特定点就您的健康问题与您进行沟通。例如，您可以要求我们不要将预约看诊提醒留在答录机上。要请求通信保密，您必须指定希望联系的方式或地点，并以书面形式向我们的隐私官提出请求。我们不会询问您提出要求的原因。如果您的要求与负责支付您的医疗费用的任何一方有关，我们可能会要求您提供有关如何处理付款的信息。我们将满足所有合理的要求。

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we not leave appointment reminders on an answering machine. To request confidential communications, you must specify how or where you wish to be contacted and make your request in writing to our Privacy Officer. We will not ask you the reason for your request. If your requests relates to any party responsible for the payment of your medical care we may require you to provide information as to how payment will be handled. We will accommodate all reasonable requests.

有权获得本通知的书面复印件：即使您同意以电子邮箱方式收到此通知，您也有权获得本通知的书面复印件。您可以随时向我们的隐私官索取本通知的复印件。此外，您还可以在我们的网站 www.BostonIVF.com 上获得本通知的复印件。

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time from our Privacy Officer. In addition, you may obtain a copy of this Notice at our website, www.BostonIVF.com.

更改此通知。我们保留更改隐私条例，使修订后的条例，对我们已经拥有您的所有相关健康信息，及将来收到的任何信息能够有效。如果我们对隐私条例进行任何重要更改，则修订的通知将发布在条例中，和我们的网站上，网址为 www.BostonIVF.com，在中心将提供书面复印本。

Change to this Notice. We reserve the right to change our privacy practices and make the revised practices effective for all health information we already have about you as well as any information we receive in the future. Should we make any important changes to our privacy practices, a revised Notice will be posted in the Practice and on our Web site at www.bostonivf.com and paper copies will be available at the Practice.

如何行使您的权利：要行使本通知中所述的任何权利，请写信或致电：

波士顿试管婴儿中心
隐私官
第二大道 130 号
沃尔瑟姆 麻州邮编 02451
781-434-6500

How to Exercise Your Rights. To exercise any of your Rights described in this Notice, please write or call: **Boston IVF, Inc.**
Privacy Officer
130 Second Avenue
Waltham, MA 02451
781-434-6500

投诉：如果您认为自己的隐私权受到侵犯，则可以向我们或美国卫生与公共服务部秘书投诉。您可以写信到上述地址的业务隐私官，向业务部门投诉。我们不会对您提出投诉进行报复。

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. You may file a complaint with the Practice by writing to the Practice Privacy Officer at the address above. We will not retaliate against you for filing a complaint.