



DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE

FEMALE PATIENT HISTORY

DATE:

Your Name: First Last Date of Birth: Age:

Your Partner/Husbands Name: First Last Date of Birth: Age:

Your Medical History (List medical conditions)

- 1.
2.
3.
4.
5.

Have you had any surgical procedures if so please list: 1.
2.
3.
4.

Allergies: Current Use of Medication:

Family History (List medical conditions/Cancer of first-degree relative (mother, father, siblings))

Is there anyone in your family with mental retardation? Y/N Who

Gyn History:

Age at first period Date of Last Pap Date of LMP
Days between each menstrual cycle (from day 1 of period to next day 1 period)
Total number of days of bleeding
Height: Weight:

Use of Hormonal Contraception Yes/No Other Type of contraception
Menstrual Pain: Mild Moderate Severe

OB History: Please list pregnancy; outcome If Never Been Pregnant circle N/A

Table with 5 columns: Year, Infertility TX, Outcome, Delivery, Current Partner. Rows contain pregnancy history data.

How long have you been now trying to get pregnant: _____

Any other important relative details: _____

INFERTILITY HISTORY:

Year	Test	Performed	Result	Explain:
	Semen Analysis	Yes/NO	Normal/Abnormal	
	HSG	Yes/NO	Normal/Abnormal	
	Hormonal Testing	Yes/NO	Normal/Abnormal	
	Laparoscopic	Yes/NO	___ # times Performed	
	Hysteroscopy	Yes/NO	___ # times Performed	
	Laporatomy	Yes/NO	___ # times Performed	

INFERTILITY TREATMENT:

Year	Treatment	Performed	#of Cycles	Outcome
	Clomid Cycle	Yes/NO		
	Clomid Cyle with insemination	Yes/NO		
	Injectable fertilityDrugs with insemination	Yes/NO		
	Invitro-fertilization	Yes/NO		
	Frozen Embryo Transfer	Yes/NO		
	Egg Donation	Yes/NO		

Husband/Partner Medical History, Surgeries, & Medication:

Specify any other information you think may be relevant: _____



DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE
89 Millburn Avenue • Millburn, NJ 07041
30 Hatfield Lane • Goshen, NY 10924
(T) (973)761-5600 (F) 973)761-5100

INSURANCE INFORMATION

(FEMALE) Patients Name: _____ Date of Birth: _____

Address: _____

Employer's Name: _____ SSN #: _____

Employer's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ Expiration Date: _____

Confidential Email: _____

Please check box if you DONOT want us to communicate via e-mail

Diamond Institute has secure and HIPPA Compliant communication via e-mail.

PRIMARY INSURANCE INFORMATION

Insurance Company: _____ Policy #: _____

Address: _____ Group #: _____

Benefit Administrator: _____ Phone #: _____

(Partner) **Male** **Female** Your Name: _____ Date of Birth: _____

Address (If Different): _____

Employer's Name: _____ SSN #: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ Expiration Date: _____

Confidential Email: _____

(PARTNER) SECONDARY INSURANCE INFORMATION

Insurance Company: _____ Policy #: _____

Address: _____ Group #: _____

Benefit Administrator: _____ Phone #: _____

(PLEASE TURN PAGE OVER TO COMPLETE)

PHARMACY BENEFITS

Insurance Company: _____

Policy #: _____ Group #: _____

HOSPITAL INSURANCE

Insurance Company: _____ Policy #: _____

Address: _____ Group #: _____

Benefit Administrator: _____ Phone #: _____

PLEASE CONTACT YOUR INSURANCE COMPANY. WE STRONGLY URGE YOU TO FAMILIARIZE YOURSELF WITH THE BENEFITS AND EXCLUSIONS UNDER YOUR PLAN PROVISION.

PLEASE CONTACT THE OFFICE IF ANY CHANGE TAKES PLACE WITH YOUR INSURANCE POLICIES. PAYMENT IS EXPECTED ON THE DAY OF SERVICE.

FAILURE TO PROVIDE THE INFORMATION ABOVE, INCLUDING ANY OTHER SECONDARY INSURANCE MAY MAKE ME/US RESPONSIBLE FOR SOME OR ALL PAYMENTS.

I UNDERSTAND THAT I/WE ARE RESPONSIBLE FOR ALL CHARGES AND THAT THE INSURANCE COMPANY IS ONLY SUPPLEMENTAL TO MY/OUR RESPONSIBILITY.

I UNDERSTAND THAT THE VERIFICATION OF BENEFITS BY DIAMOND INSTITUTE IS NOT A GUARANTEE OF PAYMENT BY THE INSURANCE COMPANY, FOR THE SERVICES RENDERED. IT IS TO ASSIST ME IN UNDERSTANDING MY BENEFITS. I UNDERSTAND IT IS MY RESPONSIBILITY TO VERIFY AND KNOW THE BENEFITS COVERED FOR INFERTILITY TREATMENT BY MY INSURANCE COMPANY. I UNDERSTAND THAT ANY SERVICES CHARGED AND NOT PAID BY THE INSURANCE COMPANY IS MY RESPONSIBILITY.

Signature (Patient): _____

Signature (Partner): _____

Date: _____

I/We understand that it is our responsibility to inform the Diamond Institute of any changes in my/our insurance coverage. I/We also understand that if I/We are no longer covered by insurance, it is my/our responsibility to pay for all the services rendered to me/us by the Diamond Institute.

The information above is true and accurate to the best of my/our knowledge.

Signature (Patient): _____

Signature (Partner): _____

DIAMOND INSTITUTE FOR INFERTILITY AND MENOPAUSE

89 Millburn Avenue, Millburn, NJ 07041

Phone: (973) 761-5600 Fax: (973) 761-5100



FROM ROUTE 24 EAST - Take Route 24 East to Route 78 East (Local). Stay in the right lane. Get off at Exit 49B - Maplewood. Take this to Route 124 East. At the first light, make a left onto Valley Street. At the next light, make a left onto Vauxhall Road. At the next light make a right onto Millburn Avenue. The Diamond Institute will be on your left, approximately two blocks up.

FROM ROUTE 78 EAST (LOCAL) - Stay in the right lane. Get off at Exit 49B - Maplewood. Take this to Route 124 East. At the first light, make a left onto Valley Street. At the next light, make a left onto Vauxhall Road. At the next light, make a right onto Millburn Avenue. The Diamond Institute will be on your left, approximately two blocks up.

FROM THE GARDEN STATE PARKWAY NORTH - (TWO OPTIONS) -

1) Take Parkway North to Exit 142, which will put you on Route 78 East. Follow the signs for Route 78 West (this is the first exit - Exit 54). Take Route 78 West to Exit 50B - Millburn. Make a right onto Vauxhall Road. Stay straight until Millburn Avenue. Make a right onto Millburn Avenue. The Diamond Institute will be on your left approximately two blocks up.

2) Take Parkway North to Exit 140 to Route 22 East. Stay in the right lane. Immediately under a bridge, there will be a sign aUnion, Elizabeth, U-Turn@. Exit to the right onto Vauxhall Road for approximately three miles to Millburn Avenue. Turn right onto Millburn Avenue. The Diamond Institute will be on your left approximately two blocks up.

FROM THE GARDEN STATE PARKWAY SOUTH - Take Parkway South to Exit 142, which will put you on Route 78 West. Take Route 78 West to Exit 50B - Millburn. Make a right onto Vauxhall Road. Stay straight until Millburn Avenue. Make a right onto Millburn Avenue. The Diamond Institute will be on your left approximately two blocks up.

FROM ROUTE 280 EAST - Take Route 280 East to Exit 7. Turn left onto Pleasant Valley Way, toward Millburn. Turn left onto Glen Avenue. At the traffic light, make a right. The Diamond Institute will be on your left.

FROM ROUTE 280 WEST - (TWO OPTIONS) -

1) Take Route 280 West to the Garden State Parkway, South. Get off the Parkway at Exit 142, which will take you to Route 78 West. Take Route 78 West to Exit 50B - Millburn. Make a right onto Vauxhall Road. Stay straight until Millburn Avenue. Make a right onto Millburn Avenue. The Diamond Institute will be on your left, approximately two blocks up.

2) Take Route 280 West to Exit 7 (Verona/Millburn). Turn left at the light onto Pleasant Valley Way toward Millburn. Turn left onto Glen Avenue. At the traffic light, make a right. Cross the bridge over the railroad tracks. Turn left at the light onto Millburn Avenue. The Diamond Institute will be on the left side.

FROM NEW JERSEY TURNPIKE NORTH OR SOUTH - Take New Jersey Turnpike (either North or South) to Route 78 West. Take Route 78 West to Exit 50B - Millburn. Make a right onto Vauxhall Road. Stay straight until Millburn Avenue. Make a right onto Millburn Avenue. The Diamond Institute will be on your left, approximately two blocks up.

BUS SERVICE FROM NEWARK - New Jersey Transit Bus #25 runs along Springfield Avenue from Newark. This bus stops across the street from the Diamond Institute on Millburn Avenue.

ATTENTION PATIENTS:

PARKING FOR THE DIAMOND INSTITUTE IS BEHIND THE BUILDING.



DIAMOND INSTITUTE FOR INFERTILITY
89 MILLBURN AVENUE
MILLBURN, NJ 07041
973-761-5600 - PHONE
973-761-5100-FAX

FEES AT THE DIAMOND INSTITUTE

The New Patient Orientation Fees are as Follows:

- | | |
|---------------------|----------|
| - Initial Visit | \$280.00 |
| - Pap Smear | 0.00 |
| - Chlamydia Culture | 0.00 |

KINDLY MAKE THE REQUIRED PAYMENT AT EACH VISIT. FOR THE PATIENT'S CONVENIENCE, WE ALSO ACCEPT MASTERCARD, VISA, AND PERSONAL CHECKS.

PLEASE MAKE ALL CHECK PAYABLE TO:

DIAMOND INSTITUTE FOR INFERTILITY AND MENOPAUSE

If you have insurance and are required to pay a co-pay, please be prepared to do so by either cash or check. Credit cards will not be accepted for co-pays less than \$25.00.

NOTE: Please be advised that there will be a charge from an outside laboratory for the Pap smear and cultures. In the event your insurance company indicates you are responsible for full payment or a portion of this fee, you will be required to remit payment to the Diamond Institute.

Thank you.

**THE DIAMOND INSTITUTE
REFERRAL INFORMATION**

DATE _____

PATIENT NAME _____

PHONE NUMBERS

Home _____ Mobile _____

EMAIL ADDRESS: _____

Reason for Visit:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Infertility Consult | <input type="checkbox"/> Sonohysterogram | <input type="checkbox"/> Reproductive |
| <input type="checkbox"/> HSG | <input type="checkbox"/> Sperm Analysis | Endocrinology |

Your OB/GYN's Name _____

Your OB/GYN's Address _____

Your Referring Physician's Name, Address and Specialty if different from above:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Urology | |

How did you learn about the Diamond Institute?

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Friend/ Family Member | |
| <input type="checkbox"/> Insurance Company | |
| <input type="checkbox"/> Internet | |



DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE
INFORMED CONSENT FOR TREATMENT OF
INFERTILITY AND/OR RECURRENT PREGNANCY LOSS

Name: _____ ("Patient") and _____ ("Partner")
collectively ("Patients") hereby authorize and direct the Diamond Institute for Infertility
and Menopause (the "DI") including physicians, nurses, reproductive laboratory
biologists, mental health professionals, and such assistants as may be selected by the DI
to treat Patients in accordance with the DI's medical and laboratory protocols for
infertility and/or recurrent pregnancy loss, and menopause. Patients hereby consent to such treatment
as outlined in this consent statement.

Diamond Institute Center, is privately owned by physicians. Diamond Institute has
endocrine/andrology/ radiology and same day surgery services. Patients have the right to choose an
alternate facility for all services. There may be services and procedures that must be performed at
the Center by Diamond Institute physicians and staff, ie egg retrieval culture and fertilization embryo
transfer, etc.

Patients consent to laboratory and medical testing including but not limited to the
following: ultrasonography, Hysterosalpingogram (HSG), Sonohysterogram, semen analysis,
endometrial biopsy, hysteroscopy, laparoscopy, analysis of blood, and testing of Patient's immune
system through methods that include but are not limited to analysis of Patient's autoimmune
antibodies and anti-sperm antibodies.

Patients understand and agree that Patients may be advised to undergo and be treated with
one or more of the treatment options listed below. All treatment options will be
thoroughly explained to the Patients and Patients are encouraged to ask questions
regarding the treatment options which include but are not limited to controlled ovarian
stimulation with variety of infertility drugs, Intracervical insemination (ICI), Intrauterine
insemination (IUI), cryoaccumulation of sperm, microinjection of sperm (ICSI), preimplantation
genetic diagnosis (PGD), embryo freezing, surgery including but not limited to hysteroscopy,
laparoscopy, dilatation and curettage, egg retrieval, major abdominal surgery if indicated. The DI
may introduce new testing and/or treatment techniques based upon clinical experience, judgment and
scientific literature.

The DI shall have the right to terminate its treatment of Patients if Patients fail to
cooperate with the DI. The DI may also withdraw if the physician primarily responsible
for Patients, feels that his/her medical advise is not being followed by Patients or that
there are serious differences of opinion between the DI and Patients concerning the
proper method of treating Patients' which differences interfere with the effective
treatment of Patients' infertility and/or recurrent pregnancy loss.

In the event that Patients terminate the DI's services or the DI is forced to terminate its
treatment for any reason, whatsoever, Patients will still be obligated for unpaid fees and
costs; including costs associated with release of all patient and partner related medical records.

Patients have the absolute right to terminate the services of DI at anytime. Patients have
the right to seek the opinion of other physicians concerning the evaluation and/or
treatment discussed herein.

Patients understand that the DI may require additional consents in connection with Patients treatment at the DI. This consent is not intended to be a substitute for such additional consents.

I understand that infertility testing and treatment carry risks and complications related to treatment and procedures. These risks include but are not limited to, infection, bleeding, trauma, hyperstimulation and risks related to anesthesia.

I understand the treatment for infertility does not guarantee conception and/or delivery and if I am to become pregnant this pregnancy is like any other pregnancy and carry all the risks of any other pregnancy include but not limited to miscarriage, multiple gestations, premature delivery, risk of congenital defects, and other anomalies. This pregnancy can also result in a tubal or other ectopic pregnancy; thus requiring additional medical/surgical intervention.

We acknowledge that although we are receiving medical care at Diamond Institute, we have to have a primary care physician who will take care of our general health as well as an OBGYN who will be part of my care. If instructed by Diamond Institute we may need other types of medical care which maybe related or not related to our care at Diamond Institute. We may be referred to these services by Diamond Institute physician or may chose to have them based on our medical needs and will. We will make Diamond Institute aware of any such care including treatment and medication and with any change in our medical and/or mental condition.

Patients also consent to the use and disclosure of all their protected health information for purposes of treatment, payment, and healthcare operations without any prior written consent or authorization.

Patients have read the above consent (2 pages) and all questions have been answered to Patients' satisfaction. Patients fully intend to be legally bound by their consent to the procedures outlined in this consent statement as evidenced by their signature below.

We agree that due to the nature of our treatment our protected health information by the Diamond Institute maybe be disclosed to each of us. We consent to the disclosure of our protected health information.

Also "We acknowledge" receipt of the Diamond Institute's Notice of Privacy Practices." Bill of Rights and Grievance compliance policy

Married to each other YES/NO

If I wish to discontinue treatment with Diamond Institute I understand I must notify Diamond Institute with a notarized letter of this request.

PATIENT'S NAME

PATIENT'S SIGNATURE

DATE

PARTNER'S NAME

PARTNER'S SIGNATURE

DATE

WITNESS NAME

WITNESS SIGNATURE

DATE



Notice of Privacy Practices for Physician Practices

The Diamond Institute for Infertility & Menopause NOTICE OF PRIVACY PRACTICES

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short. It includes information that can be used to identify you and that we've created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change to our policies, we will promptly change this notice and post a new notice in the main reception area. You can also request a copy of this notice from the contact person listed in Section IV below at any time and can view a copy of this notice on our Web site at www.diamondinstitute.com.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

A. Uses and Disclosures Which Do Not Require Your Authorization.

We may use and disclose your PHI without your authorization for the following reasons:

- 1. For treatment.** We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate or manage your health care or any related services, except where the PHI is related to HIV/AIDS, genetic testing, or federally funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal law. For example, we may disclose PHI to a pharmacy to fill a prescription, or to a laboratory to order a blood test.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider's payment activities. For example we may disclose your demographic information to anesthesia care providers for payment of their services.

3. For health care operations. We may disclose your PHI, as necessary, to operate this facility and provide quality care. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

4. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.

5. For public health activities. For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

6. For health oversight activities. For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative, or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.

7. To coroners, funeral directors, and for organ donation. We may disclose PHI to organ procurement organizations to assist them in organ, eye, or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death.

8. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.

9. To avoid harm. In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

10. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.

11. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.

12. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you



or these purposes, or if you would rather we contact you at a different telephone number or address.

Uses and Disclosures Where You to Have the Opportunity to Object:

1. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

C. All Other Uses and Disclosures Require Your Prior Written Authorization. Other than as stated above, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.

D. Incidental Uses and Disclosures. Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.

B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address). We must agree to your request so long as we can easily provide it in the manner you requested.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, or those made directly to you or your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or prior to April 14, 2003.

We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.

E. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Get This Notice at our website address at www.diamondinstitute.com. You have the right to get a copy of this notice over the internet at our website address. Even if you have agreed to receive notice via our website, you also have the right to request a paper copy of this notice.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W.; Room 615F; Washington, DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: The Privacy Contact Manager at The Diamond Institute for Infertility & Menopause, 89 Millburn Avenue, Millburn, New Jersey 07041, or Phone (973) 761-5600 or Fax (973) 761-5100.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice is effective April 14, 2003.

**DIAMOND INSTITUTE FOR INFERTILITY AND MENOPAUSE
BILL OF RIGHTS AND RESPONSIBILITIES**

Each patient receiving service in an ambulatory care facility shall have the following rights and responsibilities:

1. Each patient has the right to be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
2. Each patient has the right to be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. Each patient has the right to be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. Each patient has the right to receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. Each patient has the right to participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. Each patient has the right to be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
7. Each patient has the right to voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. Each patient has the right to confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
9. Each patient has the right to be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
10. Each patient has the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and
11. Each patient has the right to not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

12. It is the responsibility of the Center to know and understand the patient's bill of rights and responsibilities.
13. Since effective treatment depends in part on patient's history, the center expects the patient or the patient's family to provide information about past illnesses, hospitalizations, medications, and other pertinent matters.
14. The Center expects the patient will ask questions about directions or procedures they don't understand.
15. The Center expects the patient to be considerate of other patients and staff in regard to noise, smoking, and number of visitors in the patient areas. The patient is also expected to respect the property of the Center and of other persons.
16. To help the patient's physicians and the Center staff care for the patient, the patients are expected to follow instructions and medical orders and report unexpected changes in their condition to their physician and Center staff.
17. The patient assumes financial responsibility for all services either through their insurance or by paying at the time of service.
18. The patients are expected to follow all safety regulations that they are told or read about.
19. If the patient fails to follow their healthcare provider's instructions, or if the patient refuses care, they are responsible for their own actions.
20. Except for emergencies, the practitioner shall obtain the necessary informed, written consent prior to the start of specified non-emergency procedures or treatments only after a physician has explained - in terms that the patient understands - specific details about the recommended procedure or treatment, the risks involved, the possible duration of incapacitation, and any reasonable medical alternatives for care and treatment. (N.J.A.C. 8:43G-4.1(a)7.) Informed consent is required by the State of New Jersey. (N.J.A.C. 8:43A-13.3(a)16.)
21. The patient who does not speak English shall have access, where possible, to an interpreter.
22. The patient can choose to change primary or specialty physicians.
23. As a Person with Pain, You Have:
 - a) The right to have your report of pain taken seriously and to be treated with dignity and respect by doctors and nurses
 - b) The right to have your pain thoroughly assessed and promptly treated.
 - c) The right to be informed by your doctor about what may be causing your pain, possible treatments, and the benefits, risks and costs of each.
 - d) The right to participate actively in decisions about how to manage your pain.
 - e) The right to have your pain reassessed regularly and your treatment adjusted if your pain has not been eased.
 - f) The right to be referred to a pain specialist if your pain persists.
 - g) The right to get clear and prompt answers to your questions, to take time to make decisions, and to refuse a particular type of treatment if you choose.

If you are a Medicare beneficiary and need assistance, you should contact the Office of the Medicare Ombudsman via their web site at www.cms.hhs.gov/center/ombudsman.asp

New Jersey Department of Health Complaint Hotline 1 800 792-9770

**DIAMOND INSTITUTE FOR INFERTILITY AND MENOPAUSE
89 MILLBURN AVE MILLBURN, NJ 07041**

**NOTICE TO PATIENTS
COMPLAINT/GRIEVANCE RESOLUTION**

The Diamond Institute is committed to meeting or exceeding our patients/families/visitors expectations of care and services. Effective resolution of complaints/grievances and concerns is a key factor in achieving patient satisfaction. Patients' complaints/grievances are opportunities for improvement and should receive respectful, prompt, and efficient attention. Patient satisfaction is everyone's responsibility, and patients' concerns and complaints/grievances may require different resolution processes. However, prompt and effective resolution is the goal for resolving patients' issues, regardless of whether it is a minor concern or a serious complaint.

All patients are encouraged to report any and all concerns or complaints/grievances to any Diamond Institute employee for resolution, as each teammate is empowered to resolve issues and complaint/grievances within his/her authority or professional expertise.

A patient may file a concern or complaint/grievance for any reason. The process to do that is as follows:

Notify any Diamond Institute staff member that you have a concern or complaint/grievance.

All efforts will be made to resolve concerns or complaints/grievances on the same day notified.

Concerns or complaints/grievances that cannot be immediately resolved to the patient's satisfaction will result in the review and investigation of the complaint/grievance within a reasonable time frame initiated by the grievance officer.

The Diamond Institute grievance officer or designee will provide the patient with a verbal progress report within 3 business days of receipt of the complaint/grievance and maintain ongoing communication until the point of resolution, not to exceed 30 days.

Once the investigation is completed, the grievance officer will communicate in writing to the patient or legal representative, when necessary, the findings and determination regarding the complaint/grievance in understandable terms, including written notice of its decision, name of center's contact person, steps taken on behalf of the patient to investigate the complaint/grievance, the results of the complaint/grievance process and date of completion.

You may contact the following individuals to express any concerns, complaints or grievances you may have:

Grievance Officer: Dr. Matan Yemini (973) 761-5600

Office Manager: Rochelle Siroto (973) 761-5600