

Boston IVF, LLC

NOTICE OF PATIENT RIGHTS & RESPONSIBILITIES

EVERY PATIENT OF THIS HEALTH CENTER SHALL HAVE THE FOLLOWING RIGHTS:

1. The right to ask the name and specialty, if any, of the physician(s) or other persons responsible for your care and the coordination of your care.
2. Confidentiality of all records and communications to the extent provided by law.
3. To have all reasonable requests responded to promptly and adequately within the capacity of the facility.
4. Upon request, to obtain an explanation as to the relationship, if any, of the facility to any other health care facility or educational institution in so far as said relationship relates to his/her care of treatment.
5. Upon request, to receive, from a person designated by the facility, any information which the facility has available, relative to financial assistance.
6. Upon request, to inspect his/her medical records and to receive a copy of the medical records, the copying fee will be in accordance to that set by the federal government.
7. To refuse examination, observation, or treatment, by students, or any other facility staff, without jeopardizing access to psychiatric, psychological, or other medical care or attention.
8. To refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.
9. To the degree that it is known, patients are provided with information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
10. Patients are given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
11. To privacy during medical treatment or other rendering of care within the capacity of the facility.
12. To prompt life saving treatment in an emergency without discrimination due to economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment.
13. To informed consent to the extent provided by law.
14. To change providers upon request, if other qualified providers are available.
15. Upon request, patient has the right to receive a copy of an itemized bill or other statement of charges submitted to any third party, by the facility for their care, and to have a copy of said itemized bill or statement, sent to the attending physician of the patient or resident upon request.
16. To be free from any form of discrimination and to be free of all forms of abuse and/or harassment.
17. To file a formal patient complaint against a specific physician, please contact the Board of Registration in Medicine, in your state where your complaint occurred.

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18. Patient may speak with a Patient Advocate or Manager to lodge a complaint or grievance without fear of reprisal. If grievances are not resolved to your satisfaction, you have the right to contact the QUAD A at 888-545-5222, or the Department of Public Health, Division of Health Care Quality, Complaint Unit, in the state where your complaint occurred.
19. You have the right to file an Advanced Directive, allowing you to appoint a health care proxy. Please note that your Advanced Directive will not be effective in the event of a medical emergency within a Boston IVF Facility. **If you suffer a serious medical event while at Boston IVF, you will receive emergency medical care and your Advanced Directive will accompany you to the emergency receiving facility.**
20. If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the rights of the patient shall be exercised by the person appointed under State law to act on the patients' behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
21. Each patient has the right to receive a listing of Physician Shareholders providing patient care.

YOUR RESPONSIBILITIES TO THIS HEALTH CENTER ARE:

1. To provide complete and accurate information to the best of their ability about their health, any medications taken, including over-the-counter products and dietary supplements, and any allergies and sensitivities.
2. To participate and collaborate in your treatment, and to follow treatment plans recommended by physicians and other health professionals working under the attending physician's direction.
3. To provide accurate and complete financial information and work with the medical center to ensure that financial obligations related to your care are met.
4. To accept personal financial responsibility for any charges not covered by insurance.
5. To provide a responsible adult to provide transportation home, and to remain with you, as directed by the provider or as indicated on discharge instructions.
6. To behave respectfully toward all health care professionals and staff, as well as other patients and visitors. Disruptive, violent, or threatening behavior may result in termination of care.

If I am transferred to a Hospital or Emergency Room, I give a designated representative of Boston IVF permission to request information about my care. **Yes / No**

I have read and reviewed the above information and had the opportunity to obtain more information and ask questions.

Patient Acknowledgement

Date