

DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE

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: _____



Reviewed by: _____

DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE

**89 Millburn Avenue • Millburn, NJ 07041
30 Hatfield Lane Suite 207 • Goshen, NY 10924
77 Union Street Suite 1C • Dover, NJ 07801
(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: _____

The Diamond Institute's communication via email is secured & HIPAA Compliant. By providing your email address you give consent to the Diamond Institute to communicate via email.

PRIMARY INSURANCE INFORMATION

Insurance Company: _____ Policy #: _____

Address: _____ Group #: _____

Benefit Administrator: _____ Phone #: _____

(Partner) ☐ Male ☐ Female **PARTNER 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.**

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NEW PATIENT INSURANCE AND CONSULTATION INFORMATION

Diamond Institute Participates with all major Insurance carriers. Please contact us to ensure that your plan is part of our comprehensive list.

In case your policy requires referrals please make sure to obtain the proper referral to insure meeting insurance requirements for your visit.

We request that you provide your insurance information prior to your visit so we can contact your insurance to verify coverage. We recommend that you contact your insurance as well, to verify you have coverage for your consultation.

Coverage with Participating Insurance is subjected to co-pays deductibles and coinsurance (you may be required to obtain proper referrals prior to your visit). Co-pays are due at the time of service.

In the event that your insurance company makes you responsible you will be required to make payment to the Diamond Institute.

If you are a self pay* patient please contact our office to verify you financial responsibility.

If you are required to pay any of the above please be prepared at the time of visit, we accept cash, checks and all major credit cards, VISA, MasterCard American Express and Discover.

Should you have any questions or concerns regarding the above information please do not hesitate and contact our office.

Thank you.

* Self pay is a patient with no insurance coverage or if a patient is not covered by their insurance for services at the Diamond Institute. A new patient consultation fee for a self pay patient is \$300.00.

THE DIAMOND INSTITUTE
REFERRAL INFORMATION

DATE _____

PATIENT NAME _____

PHONE NUMBERS

Home _____ Mobile _____

EMAIL ADDRESS: _____

Reason for Visit:

- ☐ Infertility Consult
☐ HSG

- ☐ Sonohysterogram
☐ Sperm Analysis

- ☐ Reproductive
Endocrinology

Your OB/GYN's Name _____

Your OB/GYN's Address _____

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

☐ Primary Care

☐ Other _____

☐ Urology

How did you learn about the Diamond Institute?

- ☐ Physician
☐ Friend/ Family Member
☐ Insurance Company
☐ Internet

☐ Advertisement



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 The 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 the Diamond Institute we may need other types of medical care which maybe related or not related to our care at the 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 before date of procedure.

By providing an email address or responding to an email I give the Diamond Institute permission to communicate via email. I will not hold the practice, nor any of its employees, liable for loss of any confidentiality associated with information transmitted via email.

If patient or partner wishes to discontinue treatment with Diamond Institute the person requesting discontinuation must notify Diamond Institute with a notarized letter of this request.

Married to each other

YES/NO

Patient's Signature

Date

Partner's Signature

Date

Witness Signature

Date

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on 4/14/2013 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, Matan Yemini, MD. Information on contacting us can be found at the end of this Notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your protected health information (PHI) including electronic protected health information (ePHI) to provide you with our professional services which may include electronic disclosure. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share protected health information (PHI) including electronic disclosure with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

(a) Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" of your protected information if the disclosure was made for purposes other than providing services, payment, and or business operations. In light of the increasing use of Electronic Medical Record technology (EMR), the HITECH Act allows you the right to request a copy of your health information in electronic form if we store your health information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Lists, if requested, will be \$1.00 for each page. Please contact our Privacy Officer for a fee and/or for an explanation of our fee structure.

(b) Right to Request Restriction of PHI: You may request a restriction on our use and disclosure of PHI, but we are not required to agree to your request. The HITECH Act restricts provider's refusal of an individual's request not to disclose PHI in instances where the disclosure is to a health plan for purposes of carrying out payment or health operations (and is not for purposes of carrying out treatment); and the PHI pertains solely to a healthcare item or service for which our facility has been paid out of pocket in full.

Payment: We may use and disclose your PHI and ePHI to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, outside health or management reviewers and individuals performing similar activities.

Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request, you have the right to inspect and get electronic copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the Request Form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$1.00 for each page if over 50 pages the charge will be \$50.00 for all your records. If you want the copies mailed to you, postage will also be charged. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Privacy Officer for a fee and/or for an explanation of our fee structure.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Non-routine Disclosures: You have the right to request and receive an accounting of certain non-routine disclosures of your identifiable health information. We are required to maintain a log of these non-routine disclosures for a period of no less than six years beginning April 14, 2003. You can request non-routine disclosures going back 6 years starting on April 14, 2003.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement (Except in emergencies). Please contact our Privacy Officer if you want to further restrict access to your health care information. This request must be submitted in writing.

Breach Notification Requirements: Beginning September 23, 2009, in the event unsecured protected information about you is "breached" and the use of the information poses a significant risk of financial, reputable or other harm to you, we will notify you of the situation and any steps you should take to protect yourself against harm due to the breach. We will inform HHS and take any other steps required by law.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US

Practice Name: The Diamond Institute for Infertility & Menopause

Privacy Officer: Matan Yemini, M.D.

Telephone: 973-761-5600

Fax: 973-761-5100

Address: 89 Millburn Ave, Millburn, NJ 07041

**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