



# Reproductive Partners Fertility Center - San Diego

Reproductive Partners Fertility Center | La Jolla, Inc.

9850 Genesee Avenue # 800, La Jolla, California 92037

Tel: (858)-552-9177 Fax: (858)-552-9188

## ⋮ Welcome to Reproductive Partners Fertility Center – La Jolla, Inc.

Thank you so very much for choosing us for your reproductive healthcare. We are confident we will exceed your expectations on all levels. The physicians and the staff here at Reproductive Partners Fertility Center – La Jolla, Inc. look forward to working with you and thank you for giving us the opportunity to take care of you.

## ⋮ Summary of the New Patient Appointment

- You will meet with the physician for 1 hour. Within this hour they will go over your history with you, perform an intravaginal ultrasound, and then regroup to make recommendations.
- Next you will meet with a nurse coordinator for about 20–30 minutes to go over the clinical details of the physician’s recommendations. She/he will become your point of contact for testing and treatment in our office.
- Lastly, you will meet with a financial coordinator for about 20–30 minutes to go over associated cost, insurance, and programs available based on the physician’s recommendations.

### **This packet contains some information to help you prepare for your initial consultation**

Page 2..... Getting to Know Our Office

Page 3..... Map and Directions

Pages 4-7.....Notice of Privacy Practices

Pages 8-9.....Optional Fast Track Program

Please do not hesitate to call us with any questions at (858)-552-9177. We are here to help you in every way possible. We look forward to meeting you and helping you to achieve your dreams of creating your family.

**Please visit <http://www.lifechoicesandfertility.com> for some great information on lifestyle habits and supplementation to optimize your fertility!**

Sincerely,

The Physicians and Staff at Reproductive Partners Fertility Center – La Jolla, Inc.



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## Getting to Know Our Office

Reproductive Partners Fertility Center – La Jolla, Inc. would like to welcome you to our practice. We appreciate the opportunity you have given us to care for you.

Every patient is assigned an IVF Coordinator. You will receive your IVF Coordinator's business card with his/her direct phone number. Your IVF Coordinator will be your main point of contact and will oversee your cycle. Please note that although you have a primary IVF Coordinator you will meet and work with all IVF Coordinators throughout the duration of your treatment. If your primary IVF Coordinator is out of the office or is unavailable and you need immediate assistance, any IVF Coordinator will be able to answer your questions.

**Office Address:**

9850 Genesee Ave. Suite #800  
La Jolla, CA 92037

**Office Hours:**

Mon–Fri: 8:00 a.m.–4:30 p.m.  
Sat: 8:00 a.m.–12:00 p.m.  
Sun: Closed

**Phone Number:**

(858)-552-9177

**Fax Number:**

(858)-552-9188

We will make our best effort to accommodate your schedule. Please understand that due to the nature of our procedures, we do not know sooner than 48 hours in advance as to when egg retrievals are to be scheduled for our IVF patients. We appreciate your patience in advance when having to reschedule appointments.

Occasionally our physicians may take more time than scheduled to provide quality care for our patients. We appreciate your understanding when waiting for your examination. Be assured that this same standard will be provided for your care. Providing quality care is important to us. At the conclusion of your treatment, you may be asked to complete a patient satisfaction survey. We thank you in advance for your valuable feedback.

Again, we look forward to working with you during your treatment. Please do not hesitate to contact us if you have any questions or concerns regarding your treatment.

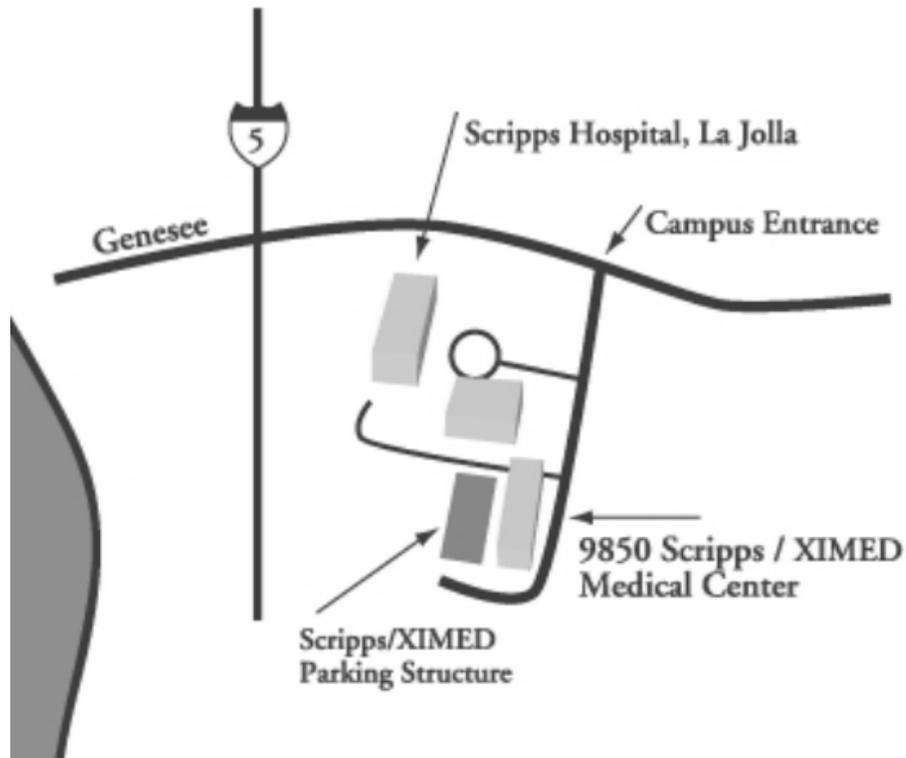


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## Directions to Reproductive Partners Fertility Center – La Jolla, Inc.

9850 Genesee Ave. Ste. #800 La Jolla, CA 92037

(GPS Navigation May Not Work Properly)

Phone: (858)-552-9177

### From the North:

If you are approaching La Jolla from the north on I-5, please exit on Genesee Avenue and turn left on Genesee. At the second light, please turn right onto Scripps La Jolla Hospital Drive. Please take a ticket and proceed straight past the hospital and past the Ximed building, and follow the drive around to the parking structures. We are located on the 8th floor of Scripps/XIMED.

### From the South:

If you are approaching La Jolla from the south on I-5, please exit on Genesee Avenue and turn right on Genesee. At the first light, please turn right onto Scripps La Jolla Hospital Drive. Please take a ticket and proceed straight past the hospital and past the Ximed building, and follow the drive around to the parking structures. We are located on the 8th floor of Scripps/XIMED.



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## **NOTICE OF PRIVACY PRACTICES**

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

### **⋮ Introduction**

This Notice of Privacy Practices is being provided to you on behalf of Reproductive Partners Fertility Center – La Jolla, Inc. with respect to reproductive medical services provided at Reproductive Partners Fertility Center – La Jolla, Inc.’s facilities (collectively referred to herein as “We” or “Our”). We understand that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information.” Protected health information includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health, the health care you have received, or payment for your health care.

### **⋮ Your Rights**

Although your health record is the physical property of Reproductive Partners Fertility Center – La Jolla, Inc., you have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by applicable law
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and copy your health record as provided for by applicable law
- Request an electronic copy of your electronic health record
- Request to amend your health record as provided by applicable law
- Obtain an accounting of disclosures of your health information as provided by applicable law
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Request a restriction of disclosure of your health information to your health insurer for services for which you pay “out of pocket” in full
- Transmit copies of your health information to third parties when requested by you, in writing



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## Our Responsibilities

We are required to:

- Maintain the privacy of your health information
- Provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Where required by law, notify you in the event that there has been a breach of your unsecured health information

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised Notice of Privacy Practices on our website at [www.fertilityclinicsandiego.com](http://www.fertilityclinicsandiego.com) as well as at our offices, and provide you with a hard copy upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. We will not sell your health information (unless permitted by law) or use or disclose such information for paid marketing (for which we receive payment from a third party) without your authorization. If we obtain your authorization, you may revoke it at any time, and this revocation will take effect, except where we have already relied upon your authorization.

## Permitted Uses and Disclosures

*We will disclose and use your health information for treatment.* For example, information obtained by a nurse, physician or other member of your healthcare team will be written in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from this practice.

*We will use your health information for payment.* For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan, for the purposes of receiving payment for treatment and services that you received. The bill may contain information that identifies you, your



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diagnosis, and treatment or supplies used in the course of treatment. If you indicate your interest in participating in the Attain IVF Program, we will provide relevant information concerning your medical condition to Integramed America's Attain Fertility Division for determination of your qualifications for this financing program.

*We will use and disclose your health information for our healthcare operations.* For example, members of the clinical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and the reproductive medicine service we provide.

## ⋮ Other Uses or Disclosures of Protected Health Information

**Business Associates:** There are some services provided at Reproductive Partners Fertility Center – La Jolla, Inc. through contacts with business associates. For example, the management services of IntegraMed America, Inc. and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Spouse/Family:** Health professionals, using their best judgment, may disclose to your spouse, family member, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Marketing:** Where permitted by law, we may contact you to tell you about or recommend possible treatment alternatives or other medical technology and services that may be of interest to you. We may also seek your authorization to contact you with other marketing communications.



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**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.

**Public Health:** As required by law, your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability or for other health oversight activities.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct, or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**Note: HIV-related information, genetic information, mental health records, and other specially protected health information may be subject to certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.**

### ⋮ For More Information or to Report a Problem/Complaint

If you believe your privacy rights have been violated, you should immediately contact:

**Susan Strachan, RN, BSN**

**9850 Genesee Avenue, Suite 800, La Jolla, CA 92037**

**(858)-552-9177**

We will not take action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

If you have any questions or would like further information about this notice, please contact Susan Strachan at the above address. This notice is also available on our website at [www.fertilityclinicsandiego.com](http://www.fertilityclinicsandiego.com).

This notice is effective as of January 1, 2014.

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## Fast Track Program

The Fast Track Program is an optional program designed for patients who have not completed any diagnostic testing and want to make the most of their initial consultation.

### Diagnostic Testing to Complete for New Patient Visit

#### Semen Analysis and Culture

The semen analysis examines the count, motility, and morphology of the sperm. This test MUST be completed in our laboratory Monday through Friday from 8:00 a.m. to 10:30 a.m.. For an adequate sample, you must have 2–4 days of abstinence. We prefer for the specimen collection is completed at our facility; however, if you wish to collect the sample at home, please let a member of our staff know in order to provide you with a collection kit. Please keep in mind that the sample must be brought to our office within 30 minutes of the collection time and an appointment is still needed. Results take approximately one week from the time of the collection. A semen culture is also performed using the same semen collection.

- Semen analysis cost: \$125
- Specimen handling for semen culture: \$16
- Semen culture bill from LabCorp: Varies, please contact LabCorp for billing.

#### Baseline Follicle Stimulating Hormone and Estradiol Levels (FSH/E2):

These tests are used to evaluate ovarian function. These tests are completed via blood draw on cycle day 3. To schedule this test, please wait until cycle day 1 (day of full flow bleeding) then call your Clinical Liaison. Results take up to 7 days from the date of collection. If you have completed these tests within the last six months, you do not need to repeat.

- FSH/E2 bill from LabCorp: \$107

#### Anti-Mullerian Hormone Level (AMH):

This test also evaluates ovarian function. This test can be done on any day of the cycle. This test is done at a LabCorp facility (visit [www.labcorp.com](http://www.labcorp.com) for locations and hours). No fasting is necessary. Results take approximately 5 days from the date of collection. If you have completed this test within the last six months, you do not need to repeat it.

- AMH bill from LabCorp: \$57

#### Hysterosalpingogram (HSG):

This test uses x-ray imaging to indicate any damage or blockages in your fallopian tubes. It can also highlight the shape of the uterus. Radiopaque dye is injected into your uterus which then travels up



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through the fallopian tubes and spills out into the abdominal cavity. This test can be uncomfortable. In preparation for the exam, it is recommended to take 400–800mg of Ibuprofen approximately 1 hour prior to the procedure.

This test is completed through **Imaging Healthcare Specialists**. **To schedule this test, please call Imaging Healthcare Specialists directly at (619)-849-9729**. This test must be completed between cycle days 7–10 (after menstrual bleeding has stopped but before ovulation). Your treatment coordinator will give you an antibiotic prescription of doxycycline to take in preparation for this procedure. Results take approximately 2–3 days from the date of the exam. If you have completed this test within the last year, you do not need to repeat it.

- Hysterosalpinogram bill from Imaging Healthcare Specialist: \$650

### **Infectious Disease Screening (for both partners):**

#### **HIV I/II, HTLV I/II, Hepatitis B Surface Antigen, Hepatitis C Antibody, RPR**

These tests are required prior to ANY treatment in our office. For the male, these tests are required by CA state law. We will not perform any insemination or IVF without these results. It is strongly recommended to have these labs completed as soon as possible to avoid any delays in your treatment. These tests are completed via blood draw and can be drawn at our office or LabCorp. All tests are sent to LabCorp for processing. Alternatively, your treatment coordinator can provide you with a requisition to take to your outside physician to have ordered; however, we cannot guarantee that your outside physician will order these tests or that they will be covered by your insurance. If you have completed these tests within the last year, you do not need to repeat them.

- Infectious Disease Screening bill from LabCorp: \$230

### **Preconception Screening (for female):**

#### **Rubella, Varicella, ABO/Rh (blood type), Cystic Fibrosis Carrier Screening**

These tests are **STRONGLY** recommended prior to any treatment in our office. It is strongly recommended to have these labs completed as soon as possible to avoid any delays in your treatment. If your rubella and/or varicella tests come back with a negative (non-immune) result, you must wait one month from the time of vaccination until pregnancy (i.e., embryo transfer or IUI).

These tests are completed via blood draw and can be drawn at our office or LabCorp. All tests are sent to LabCorp for processing. Alternatively, your treatment coordinator can provide you with a requisition to take to your outside physician to have ordered; however, we cannot guarantee that your outside physician will order these tests or that they will be covered by your insurance. If you have completed these tests within the last five years, you do not need to repeat them.

- Preconception screening bill from LabCorp: \$450