

**MicroSort<sup>®</sup>**  
A Division of the  
**Genetics & IVF Institute**

Notice of Privacy Practices  
Acknowledgement and Consent Form

We understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), we have certain rights to privacy regarding our protected health information.

We understand that this information can and will be used to:

- conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly;
- obtain payment from third-party payers (if applicable); and,
- conduct normal healthcare operations such as the business aspects of running the practice on a daily basis.

We agree to allow sharing of information with our spouse during our participation in the clinical trial.

We have received, read, and understand the Genetics & IVF Institute (GIVF) Notice of Privacy Practices (NPP) containing a more complete description of the uses and disclosures of my health information. We understand that GIVF has the right to change its NPP from time to time and that we may contact GIVF at any time to obtain a current copy of the NPP.

We understand that we may request in writing that GIVF restrict how our private information is used or disclosed to carry out treatment, payment, or health care operations. We also understand that GIVF is not required to agree to our requested restrictions, but if GIVF agrees then it is bound to abide by such restrictions.

We understand that we may revoke this consent in writing at any time, except to the extent that GIVF has taken action relying on this consent.

Husband's Name: \_\_\_\_\_

Husband's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Wife's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_