

No Stork, LLC Notice of HIPAA Privacy Practices

This document informs you of our responsibilities and your rights as they pertain to your Protected Health Information (PHI). For more information visit:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

Our responsibilities: No Stork, LLC (doing business as Donald P. Snyder, MD and NoStork.com) referred to as No Stork, “we”, or “us”, complies with the law to maintain the security and privacy of your PHI. We will let you know if your PHI has been subjected to a breach of security such that the privacy of your PHI has been compromised. We will only share your information as described here in this policy. We will follow this policy and you may generate a printed copy of this policy for your own use at any time from our website.

Your rights: You may ask us to correct your record. We will make the changes, or if we decide that your requested changes should not be implemented, we will tell you why within 60 days of your request. You may request an electronic or paper copy of your records and other PHI or of this policy; we will comply within 30 days of your request, and we may charge a reasonable fee based on our costs to provide it. You may request us not to use or share some or all your information with specific entities, but we may not be able to comply with your request if it interferes with the services No Stork provides for you. You may grant someone medical power of attorney, or if someone otherwise becomes your legal guardian, they can act on your behalf to interface with us and make requests. We will request proof from that person that they have the legal right to do so before we comply with any requests. You can ask for an accounting of who and why we have shared your information for up to six years prior to your request. We reserve the right to charge a reasonable fee for such an accounting based on cost. If you feel your rights of privacy have been violated by No Stork, you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201 by sending a letter or calling 1-877-696-6775, or by visiting: <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>. There will be no negative repercussions from us if you do file a complaint.

How we use your PHI: We provide services to you, and we may use your data to bill for services, generally run the business of No Stork, and to do statistical research. We will use your PHI to comply with all laws and to respond to lawsuits and other legal action if ever needed.

Changes: This Policy has been updated and is in effect as of 05/30/2023. Changes to this policy may be made at any time, and the new policy will supersede any previous versions. The current version will always be on our website on the “forms” page. If you have any questions or concern about this policy or our compliance with any of its terms, please contact Dr. Snyder by visiting the “Contact Us” page at www.nostork.com and fill out the form.

HIPAA ACKNOWLEDGEMENT FORM

On April 24th, 2003, the “Privacy Act” of the Health Information Portability and Accountability Act (HIPAA) was placed into effect to protect your Personal Health Information (PHI) from being disclosed to unauthorized persons.

The accompanying information:
No Stork, LLC Notice of HIPAA Privacy Practices

Updated 12/30/24

Explains how your PHI may be used or disclosed as well as your rights for access and control of your PHI.

Please sign this form to acknowledge that you have received and read a copy of our privacy policy. If you have any questions regarding the privacy policy, please ask Dr. Snyder or one of his staff members.

Thank You

Print Name: _____

Signature

Date

Reviewed/updated 12/30/24

CONSENT FOR NO STORK, LLC TO PERFORM NO NEEDLE NO SCALPEL VASECTOMY

Please read and initial each statement:

____ I understand that vasectomy is a method for permanent birth control, meaning it will forever prevent me from having children. Vasectomy reversal procedures often fail to restore fertility and are very expensive.

____ I understand that no-needle anesthesia is administered prior to making an opening in the skin, and that local anesthesia may also be given with a needle if needed, to maximize procedural comfort.

____ I understand that I will need to submit a specimen for post vasectomy semen analysis (PVSA) via US Mail as instructed with the kit that will be mailed to me to ensure the vasectomy was successful.

____ I understand that another form of birth control must be used until the PVSA has been confirmed to be negative.

____ I understand that a few men will not have successful clearing of their sperm, even after multiple tests over a six-month period. If this happens to me, I may need to have the vasectomy repeated or rely on another method of birth control. If I fail to clear, No Stork, LLC offers to repeat the vasectomy at no additional charge if I so desire.

____ I understand that if I do not get the semen analysis done, then I am taking an unnecessary risk of causing pregnancy in my partner.

____ I understand that there is a risk that one man in two thousand (<0.05%) might cause pregnancy in his partner during his lifetime once his semen analysis is negative after his vasectomy, and that it is reasonable for me to rely on vasectomy alone for birth control for the rest of my life once my PVSA is negative, despite this risk.

____ I understand that risks associated with vasectomy include but are not limited to. bleeding, swelling, infection, and significant pain, and occur less than 1% of the time. Treatment of complications is not included in the cost of the vasectomy.

____ I understand that I should rest for 18 to 24 hours after the procedure, and I will closely follow the post vasectomy instructions given to me. I should also avoid sexual activity for at least three days.

____ I understand that other complications occur less than 0.5% such as Chronic Scrotal Pain Syndrome which can be caused by sperm granuloma (scar tissue at the end of the cut tube), long term congestion of the epididymis, and other known or unknown causes. Treatment of Chronic Scrotal Pain Syndrome is not included in the cost of the vasectomy.

____ I understand that sometimes a vasectomy is not able to be completed due to variations in anatomy, scarring from prior surgery, or other reasons. The vasectomy attempt may need to be abandoned if it is in my best interest to do so, and I will need to rely on another form of birth control if that happens.

____ I understand that rarely it is possible for a man to get lightheaded or pass out, even several minutes after a vasectomy. This is especially true in men who have a history of passing out or getting lightheaded in past medical situations. I have been informed that being driven home is the safest alternative. If I choose to drive myself, I accept all responsibility if an accident occurs.

____ I authorize No Stork, LLC to send correspondence to my family doctor and/or my spouse's doctor concerning my vasectomy.

____ I will have the opportunity to ask questions regarding vasectomy for permanent birth control just prior to having it done and I can change my mind at any time prior to the procedure. I have watched the consult video and have reviewed the content on the www.nostork.com website. I wish to proceed with No Needle No Scalpel Vasectomy at NoStork, LLC.

Signature _____
_ (12/30/2024)

Date _____