

Privacy Policy for Dr. Sher's Fertility Assessment Form

Effective Date: 03/14/26

1. Introduction

Dr. Sher and his team ("we," "our," or "us") are committed to protecting your privacy and safeguarding your personal and health information. This Privacy Policy explains how we collect, use, and protect the information you provide through our online fertility assessment form.

2. Information We Collect

When you complete this form, we may collect the following types of information:

Personal Information:

- Full name
- Email address
- Phone number
- Location (country/state)

Health Information:

- Fertility history and reproductive information
- Medical history related to fertility
- Symptoms and diagnoses
- Prior procedures and treatments

This information may constitute **Protected Health Information (PHI)** under the Health Insurance Portability and Accountability Act (**HIPAA**).

3. How We Use Your Information

We use the information you provide to:

- Evaluate your fertility history and condition
- Determine appropriate next steps or recommendations
- Contact you regarding your inquiry
- Provide educational resources or follow-up information
- Improve our services and patient experience

We do **not** sell or share your personal or health information for marketing purposes.

4. HIPAA Compliance & Data Security

We take appropriate administrative, technical, and physical safeguards to protect your information.

- Your data is collected and stored using HIPAA-compliant systems
- We maintain a **Business Associate Agreement (BAA)** with our form provider
- Information is encrypted during transmission and storage
- Access to your data is limited to authorized personnel only

5. How Your Information May Be Shared

We may share your information only in the following circumstances:

- With authorized members of Dr. Sher's medical or administrative team
- With HIPAA-compliant service providers necessary to operate our services
- When required by law or legal process

All third parties we work with are required to protect your information in accordance with applicable privacy laws.

6. Your Rights

You have the right to:

- Request access to your information
- Request corrections to inaccurate information
- Request limitations on how your information is used
- Withdraw consent for communication at any time

To make a request, please contact us using the information below.

7. Data Retention

We retain your information only as long as necessary to fulfill the purposes outlined in this policy or as required by applicable laws and medical record retention regulations.

8. Communication Consent

By submitting this form, you consent to being contacted by Dr. Sher's team via phone, text message, or email regarding your inquiry and related services. You may opt out of communications at any time.

9. Third-Party Services

We use secure third-party platforms to collect and store your information. These providers are required to meet HIPAA compliance standards and maintain appropriate safeguards.

10. Updates to This Policy

We may update this Privacy Policy from time to time. Any changes will be posted with an updated effective date.

11. Contact Information

If you have any questions about this Privacy Policy or how your information is handled, please contact:

Sher@sherivf.com

Or

Concierge@sherivf.com

What you should do next

1. Paste this into:
 - A simple webpage (ideal)
 - Or a JotForm “Terms” section
2. Add at bottom of your form:

“By submitting this form, you agree to our Privacy Policy” (link it)