

PRIVACY POLICY

We value your privacy very highly. Please read this Privacy Policy carefully before using the www.hopeforyourbrain.com, or www.healnashville.com Website (the "Websites") both operated by Neuroscience & TMS Treatment Center a Partnership formed in Tennessee, United States ("us," "we," "our") as this Privacy Policy contains important information regarding your privacy and how we may use the information we collect about you. Your access to and use of the Website is conditional upon your acceptance of and compliance with this Privacy Policy. This Privacy Policy applies to everyone, including, but not limited to visitors, users, and others, who wish to access or use the Website.

By accessing or using the Website, you agree to be bound by this Privacy Policy. If you disagree with any part of the Privacy Policy, then you do not have our permission to access or use the Website.

WHAT INFORMATION WE COLLECT

We collect any and all information that you enter on this Website.

We collect the following information about you:

<u>Category of information</u>	<u>Specific piece of information</u>
Identifying information	Name
Identifying information	Phone number
Identifying information	Email address

COOKIES

A cookie is a small piece of data sent from a website and stored on your computer by your web browser. The file is added once you agree to store cookies on your computer or device, and the cookie helps analyze web traffic or lets you know when you visit a particular site. Cookies allow sites to respond to you as an individual. The Website can also tailor its operations to your needs, likes, and dislikes by gathering and remembering information about your preferences.

This Website collects cookies and may use cookies for reasons including, but not limited to:

- Analyze our web traffic using analytics package.
- Identify if you are signed into the Website.
- Test content on the Website.
- Store information about your preferences.
- Recognize when you return to the Website.

Overall, cookies help us provide you with a better website, by enabling us to monitor which pages you find useful and which you do not. A cookie in no way gives us access to your computer or any information about you, other than the data you choose to share with us.

You can accept or decline cookies. Most web browsers automatically accept cookies, but you can modify your browser setting to decline cookies if you prefer. This setting may prevent you from taking full advantage of the Website.

CHILDREN'S PRIVACY

This Website is intended for use by a general audience and does not offer services to children. Should a child whom we know to be under 18 send personal information to us, we will use that information only to respond to that child to inform him or her that they cannot use this Website.

ANALYTICS PROGRAMS

This Website uses the following analytics program(s) to collect information about you and your behaviors: Facebook. To learn how to opt out, please visit the website(s) of the analytics program(s) used.

THIRD-PARTY WEBSITES

This Website may contain hyperlinks to websites operated by parties other than us. We provide such hyperlinks for your reference only. We do not control such websites and are not responsible for their contents or the privacy or other practices of such websites. It is up to you to read and fully understand their Privacy Policies. Our inclusion of hyperlinks to such websites does not imply any endorsement of the material on such websites or any association with their operators.

HIPAA POLICIES

This policy explains how the office may use and disclose information about patients; it also informs patients of their rights as a patient/guardian. Respecting a patient's confidential and private medical/psychiatric information is very important in this office. We work very hard to protect privacy and preserve the confidentiality of patient personal health information. Federal rules and regulations are in place to help maintain the privacy of the medical/psychiatric record. The law requires the office to give patients this written notice, follow the terms of this notice, keep medical/psychiatric information private, and only disclose patient information as is authorized or allowed by federal laws, rules, or regulations.

Every patient must sign the privacy policy statement attesting to receipt of the notice. The office must keep a record of releases of information and provide it to the patient upon request; in addition, the office must keep copies of all authorizations for at least six years. If patients consent, the office is permitted by federal privacy laws to make uses and disclosures of health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to patients. Such information may include documenting symptoms, examination results, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

EXAMPLES OF USES OF HEALTH INFORMATION FOR TREATMENT PURPOSES ARE:

Staff obtains treatment information about a patient and records it in a health record. During the course of treatment, the doctor may determine that a patient needs an EKG, medical procedure, laboratory test, or emergency evaluation. He/she will share information with the doctor, or assistant, in order to get tests completed or to permit emergency care in the case of an emergency assessment.

EXAMPLES OF USES OF HEALTH INFORMATION FOR PAYMENT PURPOSES

We submit requests for payment to health insurance companies when patients agree. The health insurance company or business associate helping us obtain payment requests information from us regarding patient medical care given. We will provide information to them about patients and the care given.

EXAMPLES OF USES OF HEALTH INFORMATION FOR HEALTH CARE OPERATIONS

We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, billing services, mailing services, and insurance. We will share information about patients with such business associates as necessary to obtain these services. Those business associates must maintain patient confidentiality by law as well.

INDIVIDUAL, PATIENT/GUARDIAN, HEALTH INFORMATION RIGHTS:

- Patients have the right to have medical and psychiatric information kept private.
- Patients have the right to limit the release of information to only that information authorized and to only those individuals authorized to receive the information. Authorizations are required for most all disclosures of psychiatric information including but not limited to general requests for information, transfers of care to another doctor, psychotherapy notes, life and disability insurance policy applications, and workman's compensation claims. Patients may sign a written request in our office or obtain a release of information from our website and mail or fax it to the clinician's name and the address here: 2125 Belcourt Ave, Nashville, TN 37212; (615) 379-8600 phone (615) 269-3596 fax
- Patients have a right to request that communication of health information be made by alternative means or at an alternative location. A written request may be delivered to our office (as above).
- Patients have the right to revoke any authorization at any time. Patients must understand that the clinician may have already used or disclosed information at the time the authorization is revoked. Canceling an authorization would not affect the information already used or disclosed.
- Patients have the right to a history of all disclosures of private medical/psychiatric information. Patients may deliver a written request to our office.
- Patients have the right to review, read, and have a copy of their medical/psychiatric record upon request. (Our office procedures do allow us to bill for the records and allow us up to 30 days to copy those records stored on site. Up to 60 days is allowed for those records that are in long-term storage.) Access to part of the medical record may be denied because psychotherapy records are considered private protected records. If there are any questions about this possibility, please ask staff or the clinician involved.
- Patients have the right to complain to us, their health plan, or to the Department of Health and Human Services, concerning any violation of privacy policies.
- Patients have the right to exercise any of the above rights by contacting the office manager (privacy officer) in person or in writing during normal business hours. She will aid on the steps for exercising rights.
- Patients have the right to review the Privacy Policies and Procedures before signing the consent authorizing use and disclosure of protected health information for treatment, payment, and health care operations.
- Patients also have the right to request amendments to their record.

OUR OFFICE RESPONSIBILITIES AND RIGHTS

- We must maintain the privacy of health information as required by law.
- We must provide a notice as to our duties and privacy practices as to the information we collect & maintain.
- We must abide by the terms of this notice.
- We must notify if we cannot accommodate a requested restriction or request.
- We must accommodate reasonable requests regarding methods to communicate health information
- We must accommodate requests for an accounting or history of disclosures.

- We reserve the right to amend, change, or eliminate provisions in our privacy policy and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. Patients are entitled to receive a revised copy of the notice by calling and requesting a copy of our notice or by visiting our office and picking up a copy.
- We have the right to apply any new changes for all medical/psychiatric information kept, including information created before the changes.
- We have the right to disclose limited information to protect patient well-being and others if we believe a patient is abusing prescription medications.
- We have the right to disclose limited information to protect patient well-being should a patient require emergent hospitalization for psychiatric or other medical reasons.
- We have the right to disclose limited information if national, state, or local governmental security is threatened in any manner.
- We have the right and are required by law to disclose limited information to protect any other individual should we believe that a patient has threatened (or implied a threat of) bodily harm to another with intent to act upon those threats.
- We have the right and are required by law to disclose limited information to protect any minor (or adult who is unable to care for him or herself) in the case where we believe there is abuse occurring, regardless of how a patient is involved.
- We have the right to disagree with any request to alter the record or information if a patient request would violate our ethical or moral obligations to be truthful, or if the record is reasonably accurate and complete.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If a patient has questions, would like additional information, or wants to report a problem regarding the handling of patient health information, the individual may contact the Office Manager at (615)-224-9800. Additionally, if a patient believes privacy rights have been violated, an individual may file a written complaint to our office by delivering the written complaint to the Office Manager.

Anyone may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is Atlanta Federal Center, Suite 3B70, 61 Forsythe Street, SW, Atlanta GA 30303-8909 phone (404) 562-7886, fax (404) 562-7881. We cannot, and will not, require someone to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. We cannot, and will not, retaliate against anyone for filing a complaint with the Secretary of Health and Human Services.

THE FOLLOWING IS A LIST OF OTHER RIGHTS ALLOWED BY FEDERAL LAW:

PATIENT CONTACT

We may contact patients to provide them with appointment reminders, with test or procedure results, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest.

NOTIFICATION – PATIENTS HAVE THE OPPORTUNITY TO AGREE OR OBJECT

Unless there is objection, we may use or disclose protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for patient care, about patient location and about general condition or state.

COMMUNICATION WITH FAMILY

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other persons, patients-identified, health information relevant to that person's involvement in patient care or in payment for such care if there is no objection or in an emergency.

DISASTER RELIEF EFFORTS

We may use and disclose protected health information to assist in disaster relief efforts.

OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY FEDERAL LAW FOR THE CONTROLLING DISEASES

As required by law, we may disclose protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

CHILD ABUSE & NEGLECT

We may disclose protected health info to public authorities as allowed by law to report child abuse or neglect.

FOOD AND DRUG ADMINISTRATION (FDA)

We may disclose to the FDA, protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

We can disclose protected health information to government authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the clinician believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

OVERSIGHT AGENCIES

Federal law allows us to release protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration

JUDICIAL/ADMINISTRATIVE PROCEEDINGS

We may disclose protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or lawful process.

LAW ENFORCEMENT

We may disclose protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting certain types of wounds or other physical injury.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may disclose protected health information to funeral directors or coroners consistent with law to allow them to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS

Consistent with applicable law, we may disclose protected health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

RESEARCH

We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure privacy of protected health information has approved their research.

THREAT TO HEALTH AND SAFETY

To avert a serious threat to health or safety, we may disclose protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS

We may disclose protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

CORRECTIONAL INSTITUTIONS

If as a patient, an individual is an inmate of a correctional institution, we may disclose to the institution of its agents the protected health information necessary for health and the health and safety of the patient and others in the institution.

WORKERS COMPENSATION

If as a patient, an individual is seeking compensation through Worker's Compensation, we may disclose protected health information to the extent necessary to comply with laws relating to Workers Compensation agencies.

OTHER USES AND DISCLOSURES

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization which may be revoked except to the extent information or action has already been taken.

WEBSITE

If we maintain two websites that provide information about our entities, this Notice will be published on the website.

QUESTIONS

If you have any questions about this Privacy Policy, please contact our management company, at chuck@cromwellmc.com.

