

## NOTICE OF PRIVACY POLICIES - Our Website & HIPAA

We value your privacy. Please read this Privacy Policy carefully before using the [www.hopeforyourbrain.com](http://www.hopeforyourbrain.com), or the [www.healnashville.com](http://www.healnashville.com) websites (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 and about how you may obtain this information. Your access to and use of the Website is conditional upon your acceptance of and compliance with this Privacy Policy. If you disagree with any part of the Privacy Policy, then you should not use the Website. This Privacy Policy applies to everyone, including, but not limited to visitors, users, and others, who wish to access or use the Website.

This document also describes the confidentiality of your medical records, how the information is used, your rights, and how you may obtain this information.

Every patient signs the office policies which includes agreement to these specific privacy policy statements. 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 with the medical records within the patient secure electronic medical record.

### WHAT INFORMATION WE COLLECT ON THE WEBSITE

We collect any and all information that you enter on this Website. We collect the following information about you:

Category of information	Specific piece of information
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 the child that they cannot use this Website without a parent or guardian.

## 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.

If you consent, the office is permitted by federal privacy laws to make uses and disclosures of your 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 you. Such information may include documenting symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

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

Examples of uses of your health information for payment purposes:

- We submit requests for payment and prior authorization to your health insurance company. The health insurance company or business associates helping us obtain payment requests information from us regarding your medical/ psychiatric or psychotherapy care given. We will provide information to them about you and the care given in order to help you get care authorized or paid.

Examples of uses of your 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 you with such business associates as necessary to obtain these services. Those business associates must maintain your confidentiality by law as well.

## OUR LEGAL DUTIES

State and Federal laws require that we keep your medical/psychiatric and psychotherapy records private, because of this we require separate releases to disclose medical/psychiatric records and psychotherapy records. Many times these types of records are intertwined within the patient record, in this case, both releases will need to be completed to release patient

NeuroScience & TMS Treatment Center

Multiple locations | Psychiatric Care | Therapy | Interventional services (TMS, Esketamine, VNS)

phone: 615-224-9800 | fax: 615-224-9840 | secure text line: 615-551-5853

[www.hopeforyourbrain.com](http://www.hopeforyourbrain.com)

records. Such laws require that we provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised.

We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available in the patient portal, and upon request.

The contents of material disclosed to us in an evaluation, intake, or counseling session are covered by the law as private information. We respect the privacy of the information you provide us and we abide by ethical and legal requirements of confidentiality and privacy of records.

## USE OF INFORMATION

Information about you may be used by the personnel associated with this clinic for diagnosis, treatment planning, treatment, and continuity of care. These employees have been trained to protect your information. We may disclose information to health care providers who provide you with treatment, such as doctors, nurses, mental health professionals, and mental health students and mental health professionals or business associates affiliated with this clinic such as technicians, billing, quality enhancement, training, audits, and accreditation.

Both verbal information and written records about a patient cannot be shared with another party without the written consent of the patient or the patient's legal guardian or personal representative. It is the policy of this clinic not to release any information about a patient without a signed release of information except in certain emergency situations or exceptions in which patient information can be disclosed to others without written consent. Some of these situations are noted below, and there may be other provisions provided by legal requirements.

### Contact

We may contact you to provide you 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 to you.

### Notification

You have the opportunity to agree or object. Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location and about your general condition or even about your death if this occurs.

### Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other persons you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

### Duty to Warn and Protect

When a patient discloses intentions or a plan to harm another person or persons, the healthcare professional is required to warn the intended victim and report this information to legal authorities. In cases in which the patient discloses or implies a plan for suicide, the healthcare professional is required to notify legal authorities and make reasonable attempts to notify the emergency contact, family of the patient or significant others.

### Public Safety

Health records may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker's compensation laws.

### Disaster Relief Efforts

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

### Abuse

If a patient states or suggests that they are abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse, the healthcare professional is required to report this information to the appropriate social service and/or legal authorities. If a patient is the victim of abuse, neglect, violence, or a victim of a crime, and their safety appears to be at risk, we may share this information with law enforcement officials to help prevent future occurrences and capture the perpetrator.

### Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### In the Event of the Patient's Death

In the event of a patient's death, the spouse or parents of a deceased patient have a right to access their child's or spouse's records.

### Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

### Judicial or Administrative Proceedings

While patient records are protected from subpoenas, healthcare professionals are required to release records of a patient when a judge issues a court order for the records.

### Minors/Guardianship

Parents or legal guardians of unemancipated minor patients have the right to access the patient's records in the state of Tennessee. Prior to the release all efforts to encourage trust building relationships and direct disclosure will be made.

### Other Provisions

When payment for services is the responsibility of the patient or a person who has agreed to provide payment, and payment has not been made in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, progress notes, testing) is not disclosed. If a debt remains unpaid, it may be reported to credit agencies, and the patient's credit report may state the amount owed, the time frame, and the name of the clinic or collection source which would imply that treatment was received at our clinic.

Insurance companies, managed care, and other third-party payers are given information that they request regarding services to the patient. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries of care.

Information about patients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases, the name of the patient or any identifying information is not disclosed. Clinical information about the patient is discussed. Some progress notes and reports are dictated/typed within the clinic or by outside sources specializing in (and held accountable for) such procedures. In the event in which the clinic or healthcare professional must telephone the patient for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality.

## **YOUR RIGHTS**

You have the right to have your medical and psychiatric information kept private.

You 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 nearly all disclosures of information including but not limited to general requests for information, medical/psychiatric records, transfers of care to another doctor, psychotherapy

### **NeuroScience & TMS Treatment Center**

Multiple locations | Psychiatric Care | Therapy | Interventional services (TMS, Esketamine, VNS)

phone: 615-224-9800 | fax: 615-224-9840 | secure text line: 615-551-5853

[www.hopeforyourbrain.com](http://www.hopeforyourbrain.com)

records, life and disability insurance policy applications and claims, and workman's compensation claims. You may sign a written request in our office, in our portal or via a secure electronic form.

You have the right to request to review or receive your medical files. The procedures for obtaining a copy of your medical information is as follows:

- You may request a copy of your records in writing.
- If your request is denied, you will receive a written explanation of the denial.
- Records for unemancipated minors must be requested by their custodial parents or legal guardians.
- There will be a charge for your records, and the time of your physician, clinician, or therapist to review and process your records as is allowed by the Tennessee law.
- You have the right to cancel a release of information by providing us with a written notice.
- If you desire to have your information sent to a location different from our address on file, you must provide this information in writing.

You have the right to revoke any authorization (cancel the release of information) at any time. You must understand that your healthcare professional or our office may have already used or disclosed information about you at the time you revoke authorization. Canceling an authorization would not affect the information already used or disclosed. You must also understand that revoking a release may put your healthcare professional in an unethical bind where they are then not comfortable treating you if you are limiting disclosures, and this could result in their terminating your care.

You have the right to restrict which information might be disclosed to others. However, if we, in our medical opinion, feel like not disclosing information will put you or another at risk, we are not bound to abide by this choice.

You have the right to request that information about you be communicated by other means or to another location. This request must be made to us in writing.

You have the right to disagree with the medical records in our files. You may request that this information be changed. Although we might deny changing the record, you have the right to make a statement of disagreement, which will be placed in your medical record.

You have the right to know what information in your record has been provided to whom. You can request this in writing.

You have the right to exercise any of the above rights by contacting the Front Office Administrator (privacy officer) in person or in writing during normal business hours. The Front Office Administrator will provide you with assistance on the steps to take to exercise your rights.

You have the right to review the Privacy Policies before signing any authorization for disclosure of your protected health information for treatment, payment, and health care operations purposes.

You have the right to complain to us, your health plan, or to the Department of Health and Human Services concerning any violation of privacy.

## OUR OFFICE RESPONSIBILITIES AND RIGHTS

- We must maintain the privacy of your health information as required by law.
- We must provide you with a notice as to our duties and privacy policies as to the information we collect and maintain about you.
- We must abide by the terms of this notice.
- We must notify you if we cannot accommodate a requested restriction or request.
- We must accommodate your reasonable requests regarding methods to communicate health information with you.
- We must accommodate your request 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.
- You 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 your well-being and others if we believe you are abusing prescription medications.
- We have the right to disclose limited information to protect your well-being should you 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 you have threatened (or implied a threat of) bodily harm to another with intent to act upon those threats.
- We are required by law and have a right to disclose limited information to protect any minor (or adult who is unable to care for the minor) in the case where we believe there is abuse occurring, regardless of how you are involved.
- We have the right to disagree with any request to alter your record or information if your 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 you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the Front Office Administrator at (615) 224-9800. Additionally, if you believe your privacy rights have been violated, you may file a written complaint to our office by delivering the written complaint to the Front Office Administrator at the location where you receive care.

You 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 Forsyth Street, SW, Atlanta GA 30303-8909 phone (404) 562-7886 fax (404) 562-7881. We cannot, and will not, require you 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 you for filing a complaint with the Secretary of Health and Human Services.

## YOUR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY FEDERAL LAW FOR THE FOLLOWING:

### CONTROLLING DISEASES

As required by law, we may disclose your 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 your 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 healthcare professional believes the disclosure is necessary to prevent serious harm to the individual or other potential victim.

### NeuroScience & TMS Treatment Center

Multiple locations | Psychiatric Care | Therapy | Interventional services (TMS, Esketamine, VNS)  
phone: 615-224-9800 | fax: 615-224-9840 | secure text line: 615-551-5853

[www.hopeforyourbrain.com](http://www.hopeforyourbrain.com)

## OVERSIGHT AGENCIES

Federal law allows us to release your 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 of healthcare.

## JUDICIAL/ADMINISTRATIVE PROCEEDINGS

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your 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 your 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 your 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 your 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 your protected health information has approved their research.

## THREAT TO HEALTH AND SAFETY

To avert a serious threat to health or safety, we may disclose your 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 your 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 you are an inmate of a correctional institution, we may disclose to the institution of its agents the protected health information necessary for your health and the health and safety of other individuals.

## WORKER'S COMPENSATION

If you are seeking compensation through Worker's Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

## 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 your written authorization which you may revoke except to the extent information or action has already been taken.

Future copies of this notice are always available upon request, in our office, and on our website.