

NOTICE OF PRIVACY PRACTICES OF ADVANCED TMS CENTER

This notice describes how medical information is used or disclosed, your access to & control over it. Please review it carefully. For questions about this Notice, contact Dr. Kevin M. Kinback. This Notice describes how we use & disclose Protected Health Information (hereafter called "PHI") as permitted or required by law. PHI is information identifying you & relates to past, present or future physical or mental health & health care services, and although the PHI belongs to you, the medical records is the physical property of the doctor who compiled it. Doctor visits generate PHI for planning care & treatment, communication among health professionals, legal documents used to verify services billed were actually given. PHI helps educate health professionals, research, & quality improvement. Understanding what's in your record & how HI is used helps you ensure accuracy, understand who, what, when, where & why others may access it, & make more informed decisions to authorize disclosure to others. We are required to abide by the terms of this Notice, we may change the terms at any time, & new notice is effective for all maintained PHI. On request, we will mail or give at your next appointment any revised Notice of Privacy Practices.

1. Uses & Disclosures of PHI Made WITH Your Written Consent: including for treatment, payment, billing & healthcare operations, which may be used & disclosed by the doctor, office staff or outside business associates. The following examples are not all inclusive:

Treatment: To provide, coordinate or manage health care & related services, possibly by a third party who already has your permission to use PHI. We may give PHI for diagnosis & treatment to your home health agency, treating physicians or others to whom you are referred. We may disclose PHI to doctors, specialists or others (e.g. laboratory) involved in your care.

Payment: To obtain payment for health care services, including preapproval by your health plan prior to services being provided, checking eligibility or coverage, reviewing services for medical necessity, utilization review, and pre-approval for hospitalization.

Healthcare Operations: To support physician business activities, including, but not limited to, quality assessment, employee review, medical students in training seeing patients with us, licensing, marketing, & other business activities. We call you by first name in the waiting room to be seen by the doctor & we may call for appointment reminders. We share PHI with third party "business associates" giving us services (e.g., billing, transcription, collections) (written contracts protect PHI privacy). Your name & address may be used to send newsletters for products or services. Write Dr. Kevin M. Kinback to request these items not be sent to you.

2. Uses & Disclosures of PHI made WITH Your Written Authorization: Other uses & disclosures of PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization any time, in writing, except to the extent that your doctor or his practice has taken an action in reliance on the use or disclosure indicated in the authorization.

3. Other Permitted & Required Uses & Disclosures Made With Your Consent, Authorization or Opportunity to Object: You may agree or object to use or disclosure of all or part of your PHI. If you are absent or unable to agree or object, your doctor may, with professional judgment, proceed to disclose if in your best interest, only that PHI relevant to your health care.

Others Involved in Your Healthcare: We may disclose to family, a close friend or other person you identify, or person responsible for your care, PHI directly related to that person's involvement in your health care, including your location, psychiatric or medical condition. PHI may be disclosed as authorized for disaster relief or to coordinate with family or others involved in your health care.

Emergency & Communication Barriers: For emergency treatment, but after such treatment, the doctor will try to obtain your consent as soon as reasonably possible. The doctor may still use or disclose PHI for treatment required by law, & the doctor attempted but was unable to obtain your consent. If consent attempts fail due to substantial communication barriers, the doctor may use PHI if determined, by professional judgment, that you intended to consent to PHI use.

4. Other Permitted & Required Uses & Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object:

Required By Law: limited to relevant legal requirements. You will be notified, as required by law, of such uses or disclosures.

Public Health: for public health authorities to control disease, injury or disability, or if directed by such authority, to a collaborating foreign government agency permitted by law.

Communicable Diseases: as authorized by law, to a person who may have been exposed to a communicable disease or is at risk of contracting or spreading a disease or condition.

Health Oversight: federal law allows PHI to be released to health oversight, government benefit, public health authorities or attorneys, provided a work force member or business associate believes in good faith that we have acted unlawfully, violated professional or clinical standards, or are potentially endangering patients, staff or the public.

Abuse or Neglect: consistent with federal & state laws, to public health authorities, government entities or agencies authorized to receive reports of child abuse or neglect, if the doctor believes you are a current victim of abuse, neglect or domestic violence.

Food & Drug Administration: to the FDA to report adverse events, product defects or problems, biologic product issues, to enable recalls, or for post-marketing surveillance.

Legal Proceedings: for judicial or administrative proceedings, to a court or administrative tribunal (to the extent disclosure is expressly authorized), in some conditions in response to a subpoena, discovery or other lawful request.

Law Enforcement: legal requirements, to law enforcement: (1) for legal processes, (2) limited information requests for identification & location (3) pertaining to victims of crime, (4) suspicion that death resulted from a crime, (5) for crimes on practice premises, & (6) medical emergency off Practice premises, & it is likely a crime occurred.

Coroners, Medical Examiners, Funeral Directors & Organ Donation: for identification, to determine cause of death, perform authorized duties authorized by law, or in reasonable anticipation of death, or cadaveric organ or tissue donation.

To Researchers: for Review Board approved research, with protocols to ensure privacy.

Criminal Activity: Obeying federal & state laws, we may disclose PHI if we believe it necessary to prevent or lessen a serious & imminent threat to the health or safety of a person or the public, or for law enforcement to identify or apprehend an individual.

For Military Activity & National Security: Under appropriate conditions for patients in the Armed Forces (1) for activities deemed necessary by military authorities; (2) for the Department of Veterans Affairs to determine benefit eligibility (3) to foreign military authority if you are a member of that foreign military service (4) to authorized federal officials for national security & intelligence activities, including providing protective services to the President or others legally authorized.

For Workers' Compensation: as authorized by workers' comp laws & similar lawful programs.

For Correctional Facility Inmates: for PHI created or received PHI while in treatment with us.

For Uses & Disclosures required by law: to the Department of Health & Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

5. The Following Summarizes & Describes Your PHI Rights:

The right to inspect & copy your PHI as long as we maintain it. By federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, civil, criminal or administrative actions or proceedings; or to which access is barred by law. In some cases, a decision to deny access may be reviewable. Contact **Dr. Kevin M. Kinback** for questions about accessing your medical record.

The right to request restriction of your PHI. You may ask us not to use or disclose any part of your PHI for treatment, payment or healthcare operations, or to family or friends involved in your care or for notification. Please discuss a requested restriction with the doctor, but the request must be written & state the specific restrictions requested & to whom they apply. The doctor is not required to agree to requested restrictions. If the doctor believes use & disclosure of PI is in your best interest, then it will not be restricted. If your physician does agree to a restriction, PHI may not be disclosed in violation of that restriction except for emergency treatment.

The right to request to receive confidential communications from us by alternative means or at an alternative location. We accommodate reasonable written requests made to **Kevin M. Kinback**, but they may be conditioned by asking how payment will be made, for an alternative address or contact method. We will not ask you to explain the basis for the request.

The right to request your physician amend your PHI as provided in 45 CFR 164.528. You may request amendment of PHI about you in for as long as we maintain it, by contacting Dr. Kevin M. Kinback. In some cases, we may deny your request for an amendment, in which case you have the right to file a statement of disagreement with us, & we may prepare a rebuttal to your statement & give you a copy of the rebuttal.

The right to receive an accounting of certain disclosures we made, if any, of PHI, as provided in 45 CFR 164.528. This applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures made to you, family members or friends involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures made after January 1, 2003, or you may request a shorter timeframe. The right above is subject to exceptions, restrictions & limitations.

The right to obtain a paper copy of this notice from us, on request, even if you agreed to accept this notice electronically.

6. Complaints: You may complain in writing to **Dr. Kevin M. Kinback**, or call (949) 768-2988, or notif the Secretary of Health & Human Services if you believe we violated your privacy rights. We will not retaliate against you for filing a complaint.

This notice was published & becomes effective on January 1, 2003.