

TMS Center of Colorado, LLC
Notice of Privacy Practices for Protected Health Information
Effective Date: May 16, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

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 your 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:

- A TMS Tech or other staff member obtains treatment information about you and records it in a health record.
- TMS provides information regarding your treatment to your regular physician in conjunction with your continuing care.

Example of Use of Your Health Information for Payment Purposes:

We submit information to our billing company, who in turn submits requests for payment to your health insurance company. The health insurance company (or our “business associate” helping us obtain payment, such as our billing company) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

We may perform activities such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, and medical review. We may perform these activities ourselves or through our business associates. And may share information about you as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of TMS. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office in most cases, we are not required to grant the request, but we will comply with any request that we do grant;

- Request a restriction on disclosures of medical information that would otherwise be made to a health plan for payment or health care operations purposes (but not for the purpose of carrying out treatment) if the medical information pertains solely to a health care service for which you have paid us out of pocket in full—we must comply with this request;
- Obtain a paper copy of our current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering a written request to our office;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment and we have control of the information;
 - Is not part of the health information kept by or for the office;
 - is the type of information that we are permitted by law to refuse to provide, such as certain information related to a research study, psychotherapy notes, or information that has been compiled in connection with legal proceedings; or,
 - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request, in writing, that communication of your health information be made in a confidential manner by specified means or to specified locations;
- Obtain an accounting of certain disclosures of your health information as required to be maintained by law. An accounting will not include uses and disclosures of information for treatment, payment, or health care operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death. You may deliver a request for an accounting to our office in writing.
- Revoke authorizations that you made previously to use or disclose information, except to the extent information or action has already been taken. You may deliver your revocation in writing to our office,

- Elect to opt out of receiving further fundraising communications from the office/hospital.

If you want to exercise any of the above rights, please contact Lindsey Davis, Office Coordinator, 303-884-3867, 4770 E. Iliff Ave, Suite 224, Denver, CO 80222, in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request;
- Accommodate your reasonable requests regarding methods to communicate health information with you; and
- Notify you if there is a breach of unsecured protected health information, as those terms are used under HIPAA.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to adopt 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.

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 Lindsey Davis, Office Coordinator, 303-884-3867, 4770 E. Iliff Ave, Suite 224, Denver, CO 80222.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Lindsey Davis, Office Coordinator, 303-884-3867, 4770 E. Iliff Ave, Suite 224, Denver, CO 80222. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address is

Velveta Howell, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Voice Phone (800) 368-1019
FAX (303) 844-2025
TDD (800) 537-7697
Or email: OCRMail@hhs.gov

- 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 TMS.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

Other Disclosures and Uses

Communication with Family

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

Notification

- 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, your general condition, or your death.

Research

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

Disaster Relief

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

Organ Procurement Organizations

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

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.

Workers Compensation

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

Public Health

- As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of our release of such information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

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

Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

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 authorization, or as directed by a proper court order.

Serious Threat

- 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.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about our patients to funeral directors as necessary for them to carry out their duties.

Other Uses

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights." For example, we must obtain your authorization to use or disclose psychotherapy notes except for use for your treatment, to a limited extent to provide training for other mental health practitioners or students or to defend TMS in a legal action if you were to bring such an action. Although it is not the practice of TMS to use protected health information for marketing purposes, we would never do so without your written authorization.

Website

- This Notice is on our website at TMSCenterofColorado.com under "patient forms."

**ACKNOWLEDGMENT OF RECEIPT OF
PRIVACY NOTICE**

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices for TMS Center of Colorado, LLC.

Signature

Date

Printed Name

If the patient is unable or unwilling to sign this acknowledgment, the individual who attempts to obtain the acknowledgment must describe his or her efforts to obtain it and the reason it was not obtained, and must sign below.

Signature
Printed Name:
Title:

Date