UNIVERSITY PLACE
TMS CLINIC
& GENERAL PSYCHIATRY

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HIPAA Disclosure Notice.

At University Place TMS Clinic & General Psychiatry, we are committed to protecting the privacy and security of your health information. This disclosure outlines our policies under the Health Insurance Portability and Accountability Act (HIPAA) to ensure the confidentiality and integrity of your Protected Health Information (PHI).

1. Your Rights Under HIPAA

We will always uphold your rights over the Protected Health Information belonging to you that we may obtain. We will ensure we protect your rights:

- Access to Your Information: You have the right to view and obtain copies of your health records.
- Request Amendments: If you believe any information in your records is incorrect or incomplete, you may request an amendment.

We may say "no" to your request, but we will tell you why in writing within 60 days.

- Confidential Communication: You can request that we communicate with you in a specific way or location to ensure confidentiality.
- Accounting of Disclosures: You are entitled to an accounting of certain disclosures of your PHI, excluding disclosures for treatment, payment, and healthcare operations.
- Restrictions: You have the right to request limitations on how we use or share your PHI, though we may not always be able to honor these requests.
- Inspections: To inspect and copy your PHI.
- Notice of breach: To receive notice of any breach.
- Receipt of copies: To receive an electronic or paper copy of your PHI with some restrictions. This may potentially include charging a reasonable fee associated with the cost of printing and mailing physical copies.

NOTE: **Your PHI is not subject to deletion**. In order to ensure that healthcare records are available for patients and providers alike when needed, as well as for identifying trends in, or threats to, public health, State and Federal guidelines mandate record retention.

2. Use and Disclosure of Your Health Information

- Treatment: We may share your PHI with other healthcare providers involved in your treatment, such as specialists, labs, or other clinics as needed.
- Payment: We may use and disclose your PHI for billing purposes, including sending information to insurance providers for reimbursement of services provided.
- Healthcare Operations: We may use your PHI to improve the quality of care we provide, train staff, or conduct internal evaluations.

3. Protecting your Healthcare Information

We are committed to your privacy, and this means that your personal data is protected as yours. Without your written or electronically signed authorization, your PHI will not be shared outside of the purposes and audiences listed in the preceding sections of this NPP. We commit that:

- We will not sell your PHI.
- We will not share your PHI with your employer, unless you grant authorization for such a disclosure.
- We will not share your PHI with your school or educational institution, unless you provide an authorization for such a disclosure.
- We will not use your PHI for marketing. We will, as described above, contact you about our own websites, applications, products, and services to improve our offerings to you, and we will allow you to opt-out of even these HIPAA permitted communications (that we believe are beneficial to you.)

4. When We May Disclose Your Information Without Authorization

In specific situations, we may disclose your PHI without your consent, such as:

- Required by Law: To comply with legal obligations, including reporting certain illnesses or responding to court orders.
- Public Health and Safety: To prevent or control disease outbreaks or report adverse reactions to medications.

- Abuse, Neglect, or Domestic Violence: When required by law, we may disclose PHI to report abuse, neglect, or domestic violence.
- Health Oversight Activities: For audits, investigations, or other health oversight functions.

5. Your Right to Revoke Authorization

You have the right to revoke any prior authorization for the use or disclosure of your PHI, except to the extent that we have already relied on your authorization.

6. Questions and Complaints

If you have questions about this notice, believe your privacy rights have been violated, or wish to file a complaint, please contact our HIPAA Compliance Officer at University Place TMS Clinic & General Psychiatry. You also have the right to file a complaint with the U.S. Department of Health and Human Services.

Contact Details - University Place TMS Clinic & General Psychiatry.
Address - 4007 Bridgeport Way W, Ste B University Place. WA 98466
Email: contact@uptms.com, Phone: 253-234-4199, Fax: 984-302-3632

By law, we are required to maintain the privacy of your PHI and provide you with this notice. We may change our privacy practices at any time, and such changes will apply to all PHI we maintain. A copy of the revised notice will be available upon request or posted in our clinic.

Acknowledgement.

By signing this form, the patient agrees & confirms that they have been informed in writing about their rights under the HIPPA Law.

Client

Name……..

Signature: ……Date……..

Print Name: (Guardian Name other than the patient]

……

Relationship: ……..

Signature: ……Date……..