United Neuroscience, Inc.

9330 Stockdale Highway, Suite 200, Bakersfield, CA. 93311, United States.

NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2024

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.

Our practice is committed to protecting the privacy of your medical information. We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your health information to provide, coordinate, or manage your medical care. This includes sharing information with physicians, hospitals, laboratories, pharmacies, therapists, imaging facilities, or other healthcare providers involved in your treatment.

Payment

We may use and disclose your information to bill and collect payment from you, your insurance company, Medicare, Medi-Cal, or other third-party payers. This includes obtaining prior authorizations and verifying insurance benefits.

Healthcare Operations

We may use and disclose your information for healthcare operations, including:

- Quality assessment and improvement
- Staff training and education
- Licensing and credentialing activities
- Business management
- Audits and compliance activities
- Accreditation
- Risk management

Appointment Reminders

We may contact you by telephone, voicemail, text message, email, patient portal, or mail regarding appointments or follow-up care.

Treatment Alternatives and Health-Related Benefits

We may contact you about treatment options, services, or health-related benefits that may be of interest to you.

Individuals Involved in Your Care

Unless you object, we may disclose relevant information to a family member, caregiver, or other person involved in your care or payment for your care.

Business Associates

We may share your information with third-party vendors who perform services on our behalf. These companies are required by law and contract to protect your information.

Uses and Disclosures Required or Permitted by Law

We may disclose your information when required or permitted by law, including:

- Public health activities
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Research (when permitted by law)
- Serious threats to health or safety
- Workers' compensation
- Specialized government functions
- National security or military activities

Uses Requiring Your Written Authorization

Other uses and disclosures generally require your written authorization, including:

- Most uses of psychotherapy notes.
- Most disclosures for marketing purposes.
- Sales of Protected Health Information.
- Other uses not described in this Notice.

You may revoke your authorization at any time in writing, except to the extent action has already been taken in reliance on your authorization.

Your Rights

You have the right to:

- Request restrictions on certain uses or disclosures of your health information.
- Request confidential communications by alternative means or at alternative locations.

- Inspect and obtain a copy of your medical records, subject to applicable law.
- Request an amendment to your medical record if you believe information is incorrect or incomplete.
- Receive an accounting of certain disclosures of your health information.
- Receive a paper copy of this Notice upon request, even if you previously agreed to receive it electronically.
- Choose someone to act on your behalf if that person has legal authority to do so.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your Protected Health Information.
- Notify you following a breach of unsecured Protected Health Information when required by law.
- Follow the terms of this Notice currently in effect.
- Not use or disclose your information other than as described in this Notice unless you authorize us to do so.

Changes to This Notice

We reserve the right to change this Notice at any time. Any revised Notice will apply to all health information maintained by the practice and will be available in our office and upon request.

Questions or Complaints

If you believe your privacy rights have been violated or have questions about this Notice, please contact:
Privacy Officer
Name: Kiron Thomas, MD
Address: 9330 Stockdale Hwy Ste 200, Bakersfield, CA 93311
Phone: (661) 324-0500
You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Acknowledgment

I have read and understand this Notice of Privacy Practices.

Patient Name: _____ Patient Date of Birth: _____

Patient Signature: _____

Responsible Party Name (if applicable): _____

Relationship to Patient (if applicable): _____

Responsible Party Signature (if applicable): _____

Date: _____