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## **HIPAA Notice of Privacy Practices**

This notice describes how medical information about you may use and disclose and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services.

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health information as necessary to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the provided physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used as needed to obtain payment for our health care services, determining your eligibility for health insurance coverage and benefits, and obtaining pre-certifications and preauthorizations for services to be provided to you. For example, obtaining approval for Transcranial Magnetic Treatment (TMS) may require that your relevant protected health information be disclosed to the health plan to obtain approval.





Integrated Clinical Neurosciences / Saad A Shakir, MD & Associates  
Silicon Valley TMS / Silicon Valley TMS of Monterey Bay  
Silicon Valley TMS of San Francisco / Silicon Valley TMS of East Bay  
Saad A Shakir, M.D., D.F.A.P.A., F.A.C.I.P, Chief Medical Officer  
Tammy Saah, M.D. Associate Medical Director, San Jose  
Linda Wolbers, M.D., MPH., Associate Medical Director, Monterey Bay

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**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for the other business activities. In addition, we may use sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your medical information as necessary to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situation without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: required uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

Saad A Shakir, MD & Associates, Integrated Clinical Neurosciences, Silicon Valley TMS, Silicon Valley TMS of San Francisco may contact you by telephone, email or mail, to provide appointment reminders.

You must notify us if you do not wish to receive an appointment remind us in one of the above methods. We may not disclose your protected health information to family members or friends who may be involved with your treatment care without your written permission. Health information may be released without permission to a parent or guardian.

You may revoke this authorization at any time in writing except to the extent that your physician or the physician's practice has acted in reliance on the use or disclosure indicated in the authorization.



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