



SUMMIT PSYCHOLOGICAL SERVICES

1350 Old Freeport Road, Suite 1A

Pittsburgh PA 15238

Phone: 412-406-7734 Fax: 412-406-7742

300 Northpointe Circle, Suite 105

Seven Fields, PA 16046

Phone: 724-591-8980 Fax: 724-591-8972

New Patient Information Packet

Summit Psychological Services

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-Office Policies-

Thank you for choosing Summit Psychological Services for your psychological and psychiatric needs. On behalf of everyone here at Summit Psychological Services, we are delighted that you have placed your confidence in us and are committed to providing you with the best possible care. Please read this document carefully, as it is designed to let you know how our office operates and what you can expect when you visit us.

Scheduling Appointments:

Our offices are open Monday through Friday (most days and evenings) as well as some Saturdays. We try to offer flexible hours to meet your needs so that does require that our hours change at times. You can schedule an appointment by calling our office at 412-406-7734 and by speaking with one of our administrative coordinators. If you require urgent attention, we will make every effort to meet your needs. In return, we appreciate your being on time for appointments and letting us know in advance when you cannot keep an appointment. If you need to cancel, please let us know as far in advance as possible to allow for the substitution of others who are waiting to schedule an appointment. We will provide a courtesy reminder phone call or email to you a day or two before each scheduled appointment.

We have a policy of a \$50 fee for any late cancellations or no shows.

****If you no show to any initial evaluation with a therapist, psychiatrist or nurse practitioner you will be discharged from the practice. ****

Emergencies and After Hours:

For after-hours clinical emergencies patients should either call 911 or Re:Solve at 1-888-7-YOU CAN (1-888-796-8226).

Summit Psychological Services office hours vary, but both daytime and evening hours are available. Some weekend hours are also available. A therapist is available to the patient during office hours to address crisis situations. To reach your therapist, call our office at 412-406-7734.

Prescription Refills:

For prescription refills, call 412-406-7734.

Prescription requests are processed with five business days.

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Please take the time to make sure you have enough medication to last until your next visit. By planning, you can be sure you won't run out of medication after hours, on weekends, or on vacation. Your account balance must be current or we reserve the right to withhold medication requests until payment has been made. In the event you need a refill in between appointments, you may need to pick up the scripts at the office depending on the medication. It is our policy that **we do not mail scripts**.

There is a \$15.00 replacement charge for any lost prescriptions. Also, as of 12/2/2013 we charge a fee of \$10.00 for any scripts that are required as a result of late cancelling or not showing for your scheduled medication management appointment.

Safety/ Risk Management concerns:

At Summit Psychological Services we insist on maintaining a safe environment for both our patients and our staff. To ensure this safety, we have implemented the following policies:

No Loitering /Waiting room behavior:

If you do not have a scheduled appointment with someone at our office, or if you are not waiting for someone while they are in their scheduled appointment, we cannot have you in the waiting room or on the property. We must ask that you are only on the premises for the duration of your appointment.

In addition, we ask that you respect the shared space that is our waiting room. There is no sleeping in the waiting room at any time. Please be courteous and kind to all others in the waiting room and the office staff. Please take any long cell phone conversations outside of the waiting room. We ask you to not use profanity or inappropriate language at any time.

Summit Psychological Services enforces a strict no gun or weapon policy. We prohibit the open or concealed carrying of any dangerous weapon in our office or on our property.

We strive to provide a comforting safe environment for our patients. To enforce these policies, if you are in violation of either of these requests and we must ask you to leave the office multiple times the local authorities will be called.

Termination of Treatment:

Voluntary:

You may terminate treatment at any time for any reason. We suggest contacting your insurance provider to find another practice to continue your care. If you sign a release, we will gladly forward a copy of your records to your new provider.

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Involuntary:

Summit Psychological Services believes in a combined approach to your mental health. We offer both therapy and psychiatric services at our practice. We require that if you are participating in psychiatric services you must see one of our therapists here at the practice to insure better collaboration on your treatment. If the patient has wrap around services or mobile therapists that come to your home please let the office manager know and we will waive this requirement.

In accordance with the above policy if we see that you are making your psychiatric appointments but cancelling or no showing to your therapy appointments we will discharge you from the practice.

You may be terminated if any illegal activities are observed or suspected by Summit Psychological Services staff, including any illegal tampering with scripts. Furthermore, any actions deemed as 'doctor shopping' will result in your case being immediately closed with our practice. (Doctor shopping is the term used to describe the practice of visiting multiple locations or providers to obtain similar prescriptions. Note: Any action or omission designed to deceive or manipulate a healthcare professional into prescribing medication to abuse, sell or transfer any medication is against federal law.)

If you no show or late cancel to your initial evaluation or miss three scheduled appointments during your course of treatment without providing us with at least 24 hours' notice of cancellation, your care may be transferred to a provider other than Summit Psychological Services. In addition, if you no show to any initial evaluation with a therapist, psychiatrist or nurse practitioner you will be discharged from the practice.

If at any time your behavior at our facility or on the property results in the police or authorities being called we have the right to discharge you immediately and request that you not come back to our facility.

We appreciate your selection of our practice. Our entire staff is committed to providing you with high quality care. Our goal is to provide high quality care and help you achieve your goals. Please feel free to share your comments with any of our staff members. Your suggestions are most welcome.

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-Financial Policies-

Self-Pay Fee for Service:

	Psychiatrist / CRNP	Psychologist	Therapist
Initial Evaluation	\$300.00 / \$250.00	\$200.00	\$175.00
20-30 min Psychotherapy	N/A	\$90.00	\$50.00
40-50 min Psychotherapy	N/A	\$150.00	\$125.00
Medication Management	\$165.00 / \$125.00	N/A	N/A
Psychological Testing	N/A	Initial Apt \$150.00, Testing \$600.00	
Unexcused missed apt	\$50.00	\$50.00	\$50.00
<u>Additional Fees</u>			
Forms Completion	\$10 - \$75 based on the complexity of the form		
Letters and Reports	Determined on a case-by-case basis		
Returned Checks	\$35.00 or the amount charged by our bank		
Mailed Samples	\$5.00 plus postage		
Scripts written in lieu of appointment (when apts are late cancelled or no showed to)	\$10.00		

We accept cash, check, or credit card payments.

At the time of check-in for your appointment you must pay any co-payment, co-insurance, or deductible amount required by your insurance company to be seen that day. We have contracted with a highly qualified and service based billing service, DeMonte Medical Billing Service. Prior to your first appointment we will collect your insurance information. We will inform you of your co-payment, co-insurance, and deductible amounts, and tell you exactly what you will be required to pay at the time of service with us. If you have an outstanding account balance with us for more than 60 days, you will not be rescheduled until your balance is current. Please be aware that many insurance plans now have high deductibles amounts. Until it is established that

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you have met your mental health deductible for the year, you are required to pay in full, in advance, for each visit. Any overpayment on your part will be quickly refunded. Payment in full for office services are expected at the time that care is rendered unless insurance billing arrangements have been made. Statements detailing outstanding account balances are sent monthly and are due and payable in full within 15 days of receipt. Partial payments are acceptable only under the terms of our credit policy.

It is our policy that you as the patient, or your legal representative, are responsible for all office visit charges. We will gladly submit claims to your insurance carrier as a courtesy to you. However, if your insurer has not responded within sixty days the balance is immediately due and payable by you.

Cancellation / No Show Policy for appointments:

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seeming 'full' appointment book.

If an appointment is not cancelled at least 24 hours in advance you will be charged a (\$50.00) fee; this will not be covered by your insurance company.

Account Balances:

We will require that any patients who are self-pay must pay their balance to zero prior to receiving services. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak with the office manager whom will review your account and concerns. Patients with balances exceeding \$150.00 must make payment arrangements prior to future appointments being made.

Non-Covered Charges

- Workman's comp claims: We do not accept workman's comp cases. We require payment upfront by the patient or payment from an insurance company which can be turned into workman's comp after your visit.
- If we do not participate with your insurance company, payment is due at the time of your visit.
- If you have major medical coverage, we will provide you with any clinical information you need to fill out and submit your own insurance claim form. However, payment in full is due at the time of your visit.
- Once your insurance company has paid its portion of the charges, you are responsible for any remaining balance.

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Billing Procedures

We will bill your insurance company within one week of your visit. We will bill you for patient responsibility balances due. If you are unresponsive to your bill after two billing statement cycles, we may begin collection proceedings. If you are financially unable to pay your account balance, we may make special payment arrangements.

Collection Proceedings

All patient responsibility balances must be paid within 90 days. After 90 days, delinquent accounts may be sent to a collection agency. To help defray the cost of collection proceedings, a service charge will be applied to all accounts submitted for collections.

Please Note: Collection proceedings may result in legal action and may permanently damage your credit



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Outpatient Treatment & Patient Information Guide -

Outpatient Treatment Patient Rights

As with any services that are rendered by professionals, you have patient rights that you should be fully aware of and understand. These patient rights are outlined below. If you have any questions about these patient rights, these should be fully discussed with your therapist.

- The rights of a person shall continue to be respected and protected while that person is a patient at Summit Psychological Services Outpatient Treatment. You shall have all civil rights that have not been specifically curtailed by order of the court.
- The right to dignity, respect and courtesy for you as an individual, regardless of race, creed or religion.
- The right to respectful and considerate care.
- The right to refuse treatment to the extent permitted by the law and to be informed of the consequences of this action.
- The right to obtain from the professionals treating you complete and current information concerning your diagnosis, treatment and prognosis in terms that you can reasonably expect to understand.
- The right to receive information from the professional treating you the information necessary to give informed consent prior to the start of any program of treatment.
- The right to an individual treatment plan to meet your mental health needs that are in accordance with state and federal laws. The right to know what services will be provided and what they will cost.
- The right to request from the professionals treating you a periodic review of your progress in treatment and, at that time, discuss changes that you feel would better meet your mental health needs.
- The right to confidentiality regarding your treatment or any information you may give during your care.



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- The right to expect scheduled treatment sessions to begin on time and to be notified within a reasonable period of time if the professional treating you is canceling, rescheduling your appointment.
- The right to present grievances and make complaints to the person(s) treating you and/or the administration of Summit Psychological Services, you may be assured that complaints you make will in no way negatively impact your care.
- The right to expect consideration of your religious beliefs and personal values in your treatment.

Disclaimer: No catalogue of rights is all-inclusive. Summit Psychological Services Outpatient Treatment has many functions to perform, including the prevention and treatment of disease along with the education of health professionals. All of these activities, however, are carried on with an overriding concern for the patient and above all, the recognition of this dignity as a human being. The recognition of human dignity is a primary concern of this program, and hopefully, this will guarantee for the patients the kind of treatment they have a right to expect.

Patient Responsibilities

As with any services that are rendered by professionals, you have patient responsibilities that you should be fully aware of and understand. If you have any questions about these patient responsibilities, these should be fully discussed with your therapist. As a patient being treated at Summit Psychological Services, you have a responsibility to:

- Give your doctor, therapist, and our staff the information they need to provide you with appropriate care.
- Follow your doctor's and therapist's recommended plans and instructions for care.
- Participate in the treatment process through a focus on goal-setting and by the development of a mutually agreed-upon treatment plan.
- Inform the staff of any changes in your health insurance coverage, home address or telephone number.
- Keep scheduled appointments and be sure to give us at least 24-hour advance notice if you must cancel an appointment.

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- Assist us in obtaining any necessary pre-authorization for treatment from your insurance carrier.
- Plan ahead for prescription usage so that you don't run out of medications. Follow our policy for requesting refills for any prescriptions.
- Make payment of all insurance co-payments and deductibles at the time of service.
- You are ultimately responsible for the cost of your treatment. We will be glad to assist you in obtaining proper payment from your insurance carrier.

Mission Statement

Summit Psychological Services provides the highest quality psychological and psychiatric services to children, adolescents, adults and geriatric patients in a contemporary clinical milieu. As a group of highly trained multidisciplinary mental health professionals continually striving for excellence, we focus not only on the consultation to the professional and lay communities but also in conducting research. Thereby, we enhance knowledge in the fields of Psychiatry and Psychology. As an integral part of the community, we are professionals dedicated to the prevention, diagnosis and treatment of mental illness in a caring and compassionate environment and to the improvement of the quality of life for individuals and their families.

About Our Services

The Outpatient Treatment program at Summit Psychological Services is a professional corporation that is primarily dedicated to quality assessment and treatment of patients with psychiatric and psychological disorders.

Services provided by Summit Psychological Services include:

Individual therapy: This type of treatment is used if an individual or family is in crisis or has special needs. This treatment is usually recommended for a patient with personality disorders, relationship dysfunction, or adjustment difficulties due to life stressors. Individual therapy may involve using behavioral, cognitive, supportive or dynamic therapies, and the length of treatment may differ depending on the treatment type recommended and the patient's ability to develop insight and/or make behavioral changes.

Group therapy: This type of treatment is used if an individual is not in crisis. The format of this treatment is in a group or usually 6-8 individuals with other patients experiencing similar concerns or difficulties. Group treatment is often used to teach patients new skills or to provide support and/or feedback from peers. Groups may be

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open ended or time-limited depending on the nature of the group. The content of the group sessions may be on a predetermined schedule or on a participant-directed basis.

Family therapy: This type of treatment may also be used in conjunction with individual treatment or may be the only treatment recommended. Family therapy is used when the patient is experiencing difficulties functioning within the family, or when family members need assistance or training in learning to live with a patient who has a psychiatric disorder.

Couples therapy: This type of treatment can be used along with individual therapy, if there are difficulties in a primary relationship. It can also be used if the identified patient's psychiatric disorder is adversely affecting the relationship.

About Visits

The therapist and the patient will establish a schedule of regular visits in the office so that your mental health needs are met. The frequency and duration of the visits will vary according to the patient's needs. Occasionally, the therapist may have to change the day and time of the visit. The patient will be notified when a change is necessary.

Assistance between visits

Summit Psychological Services' office hours vary, but both daytime and evening hours are available. Some weekend hours are also available. You can schedule an appointment by calling our office at 412-406-7734 and speaking with one of our administrative staff. If you require urgent attention, we will make every effort to meet your needs. In return, we appreciate your being on time for appointments and letting us know in advance when you cannot keep an appointment. If you need to cancel, please let us know as far in advance as possible to allow for the substitution of others who are waiting to schedule an appointment. We will provide a courtesy reminder phone call to you a day or two before each scheduled appointment. We reserve the right to charge a fee for any late cancellations or no shows. For after-hours clinical emergencies patients should either call 911 or Re:solve at 1-888-7-YOU CAN (1-888-796-8226).

Our office is open Monday through Saturday. We offer a variety of evening and Saturday hours to offer flexible hours to meet your needs.

Grievance

A grievance procedure will be available to any individual for whom services have been denied, reduced or terminated or who is otherwise aggrieved by Summit Psychological

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Services' actions. We will make every attempt to resolve any grievance and continue, with the limits of our policies, to provide care to promote the optimum mental health and well-being for the patient.

If a patient or family-member is dissatisfied with any aspect of service provided by Summit Psychological Services, the following steps should be taken:

1. Discuss the concerns with the assigned therapist to pursue a resolution.
2. If the assigned therapist cannot resolve your grievance or concern, please contact the Summit Psychological Services office to review the concerns with the Clinical Director. The Clinical Director will make every attempt to obtain a satisfactory resolution.
3. You may also call Summit Psychological Services to discuss questions or concerns with the Executive Director. In addition, you are welcome to address the Agency with your concerns in writing.

How to Arrange for Payment for Services

Summit Psychological Services provides care on a fee-for-services basis. Generally, the patient's services are covered by health insurance plans. If all the cost of the service is not covered under the health insurance policy, the patient will be billed for the unpaid portion of the service provided. This payment is due at the time the service is provided.

Payment arrangements are discussed during the first visit in the office.

-Notice of Privacy Practices (HIPAA)-

Privacy Practices

Use and Disclosure of Health Information

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.

We may use your health information, information that constitutes protected health information such as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. We have established policies to guard against unnecessary disclosure of your health information.

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The following is a summary of the circumstances under and purposes for which your health information may be used and disclosed:

To Provide Treatment

We may use your health information to coordinate care with in Summit Psychological Services and with others involved in your care, such as your Primary Care Physician, members of the interdisciplinary team and other health care professionals who have agreed to assist us in coordinating care.

To Obtain Payment

We may include your health information in invoices to collect payment from third parties for the treatment you receive from Summit Psychological Services. For example, we may be required by your health insurer to provide information regarding your mental health diagnosis so that the insurer will reimburse you or us. We may need to obtain prior approval from your insurer and may need to explain to the insurer your need to health treatment and the services that will be provided to you.

To Conduct Health Care Operations

We may use and disclose health information for our own operations in order to facilitate the function of Summit Psychological Services and as necessary to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities
- Activities designed to improve mental health and reduce mental health costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional reviews and performance evaluation.
- Training programs including those in which students, trainees, or practitioners in mental health learn under supervision.
- Training of non-mental health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Summit Psychological Services.

For example, we may use your mental health information to evaluate our staff performance, combine your information with other Summit Psychological Services patients in evaluation of how to more effectively serve all of our patients, disclose health information to our staff and contracted personnel for training purposes, use your health

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information to contact you as a reminder regarding a scheduled appointment in the office (unless you tell us you do not want to be contacted). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected mental health information, we will have a written contract that contains terms that will protect the privacy of our protected health information.

For Appointment Reminders

We may use and disclose your health information to contact you as a reminder that you have an appointment in the office.

For Treatment Alternatives

We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

The following is a summary of the circumstances under and purposes for which your health information may also be used and disclosed (This is in accordance with individual state laws):

When legally required

We will disclose your health information when it is required to do so by any Federal, State or Local law.

****Effective January 1st, 2015 Pennsylvania enforced a new law regarding the mandatory reporting of child abuse. This has resulted in some important updates to the limits of confidentiality.

- All providers at Summit Psychological Services may be required by Pennsylvania Law (Act 31, 2014) to report if they have any reason to suspect, on the basis of their professional judgment that a child is or has been abused. They are required to report any suspicion to the authority or government agency vested to conduct child abuse investigations. They are mandated to report suspected child abuse if anyone aged 14 or older tells them that he or she committed child abuse, even if the victim is no longer in danger. They are also mandated to report suspected child abuse if anyone tells them that he or she knows of any child who is being abused.

When there are Risks to Public Health

We may disclose your health information for public activities and purposes in order to

- Prevent or control disease, injury or disability, report disease, injury vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

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- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Violence

We are allowed to notify government authorities if we believe you are the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.

To Conduct Health Oversight Activities

We may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. We, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings

We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes

As permitted or required by State Law, we may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similarly process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if we have suspicion that your death was the result of criminal conduct including criminal conduct at our facility.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners

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We may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties as authorized by law.

For Research Purposes

We may, under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or Safety

We may, consistent with applicable law and ethical standard of conduct, disclose your health information if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety to the health and safety of the public.

For Specified Government Functions

In certain circumstances, the Federal regulations authorize us to use to disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations are inmates and law enforcement custody.

For Worker's Compensation

We may release your health information for a worker's compensation or similar programs.

Authorization to Use or Disclose Health Information

Other than as stated above, we will not disclose your health information other than with our written authorization. If you or your representative authorizes use to use or disclose your health information, you may revoke that authorization in writing at any time.

Your Rights with Respect to Your Health Information

You have the following rights regarding your health information that we maintain:

Right to request restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. However, we are not required to agree to your request. If you wish to make a request for restrictions, please contact the Summit Psychology Services Privacy Officer.

Right to receive confidential communications

You have the right to request that we communicate with you in a certain way. For example, you may ask that we only conduct communication pertaining to your health information with you privately with no other family members present. If you wish to

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receive confidential communications, please contact the Summit Psychological Services Privacy Officer. We will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information

You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Summit Psychological Services Privacy Officer.

Right to amend health care information

You or your representative has the right to request that we amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment or records must be made in writing to the Privacy Officer of Summit Psychological Services. We may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete.

Right to an accounting

You or your representative has the right to receive an accounting or disclosures, if any, of your health information made by use. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The request for an accounting must be made in writing to the Summit Psychological Services Privacy Officer. The request should specify the time period for the accountings starting on or after January 1, 2011. Accounting requests may not be made for periods of time in excess of six (6) years.

Right to a paper copy of this notice

You or your representatives have a right to a separate paper copy of the Notice at any time even if you or your representatives have received this Notice previously. To obtain a paper copy, please contact the Summit Psychological Services Privacy Officer.

Our Duties

- We are required by law to maintain the privacy of your health information and to provide to you and your representative the Notice of its duties and privacy practices.

SUMMIT PSYCHOLOGICAL SERVICES



1350 Old Freeport Road, Suite 1A
Pittsburgh PA 15238
Phone: 412-406-7734 Fax: 412-406-7742

300 Northpointe Circle, Suite 105
Seven Fields, PA 16046
Phone: 724-591-8980 Fax: 724-591-8972

- We are required to abide by the terms of the Notice as may be amended from time to time.
- We reserve the right to change the terms of this Notice and to make the new Notice provision effective for all health information that it maintains.
- If we change our Notice, we will provide a copy of the revised Notice to you or your appointed representative.
- You or your personal representative has the right to express complaints to us and to the Secretary of Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, or email to HHS.Mail@hhs.gov.
- If you or your representative believes that your privacy rights have been violated. Any complaints to us should be made in writing to the Privacy Officer at Summit Psychological Services.
- We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person

We have designated the Summit Psychological Services Privacy Officer as our contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards. You may contact this person at Summit Psychological Services.

Effective Date

This notice is effective June 1, 2011 and was updated April 27, 2017.