

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



# -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.

# 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.



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- 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 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 1<sup>st</sup>, 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.



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O 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.
- 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, licensor 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.



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## **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**

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 I 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 that 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.



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# 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 preset. If you wish to 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.



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## 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.
- 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.
- 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 September 9, 2015.