



Assessments • Consultation • Counseling

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. It is our legal duty to safeguard your protected health information (PHI). By law Summit Center is required to ensure that your PHI is kept private. The PHI constitutes information created or noted by Summit Center professionals that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose the PHI of the client. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside of our practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this Notice.

Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office and on our website. You may also request a copy of this Notice from Summit Center, or you can view a copy of it in the office or on our website, which is located at (www.summitcenter.us).

III. How we will use and disclose your PHI. We will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples.

A. Uses and disclosures related to treatment, payment, or health care operations do not require your prior written consent. We may use and disclose client PHI without consent for the following reasons: **1. For treatment.** Summit Center may use your PHI with other Summit Center professionals and consult with one another in order to provide the highest and most effective level of care and treatment.

www.summitcenter.us

Daniel B. Peters, Ph.D., Co-Founder

Susan Daniels, Ph.D., Co-Founder

San Francisco Bay Area Walnut Creek • Burlingame • Corte Madera • Cupertino

700 Ygnacio Valley Rd., Ste. 320, Walnut Creek, CA 94596 • 925.939.7500 • fax 925.939.7501

Southern California Torrance

310.478.6505, Ext. 0

2. Implied Consent Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.

B. Certain other uses and disclosures do not require your consent. **Please Note: Summit Center will make an effort to notify the client/client's legal guardian the client/client's legal guardian if records are subpoenaed or requested from local, state and federal law enforcement or courts. **

We may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. We may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.

5. To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to meds).

6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we determine that disclosure is necessary to prevent the threatened danger.

7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.
For example, if we have a reasonable suspicion of child abuse or neglect.

8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.
For example, if we have a reasonable suspicion of elder abuse or dependent adult abuse.

9. If disclosure is compelled or permitted by the fact that you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

10. Appointment reminders and health related benefits or services.

We may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options, or other health care services or benefits we offer.

11. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either

party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

12. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.

When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

13. If disclosure is otherwise specifically required by law.

C. Certain uses and disclosures require you to have the opportunity to object.

Disclosures to family, friends, or others (applicable for minors only). We may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other uses and disclosures require your prior written authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI by Summit Center.

IV. What rights you have regarding your PHI

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, with the exception of copyrighted test materials, you have the right to see or have access to copies of your PHI that is in our possession; however, you must request it in writing. If we do not have your PHI, but we know who does, we will advise you how you can get it. You will receive a response from us within 30 days of receiving your written request. Under certain circumstances, we may feel we must deny your request, but if we do, we will give you, in writing, the reasons for the denial. We will also explain your right to have our denial reviewed.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

C. The Right to Choose How We Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via e-mail instead of by regular mail). We are obliged to agree to your request providing that we can give you the PHI, in the format you requested, without undue inconvenience. We may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Get a List of the Disclosures We Have Made. You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list

include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. We may deny your request, in writing, if we find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by E-mail.

You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. How to complain about my privacy practices

If, in your opinion, we may have violated your privacy rights, or if you object to a decision we made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

VI. Person to contact for information about this notice or to complain about my privacy practices

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact our **Privacy Officer Shelly Jeffra** at:

Email: billing@summitcenter.us Address: 700 Ygnacio Valley Rd., Suite 320, Walnut Creek, CA 94596. Phone: (925)939-7500 ext. 3.

VII. Notifications of breaches

In the case of a breach, **Summit Center** is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, **Summit Center** is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. **Summit Center** bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VIII. PHI after death

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. **Summit Center** may disclose deceased individuals' PHI to non- family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

IX. Individuals' right to restrictions disclosures; right of access

****Please Note: Summit Center** does not accept insurance but does get contacted by Health Plans at times. We will not communicate or release any PHI to health plans. ******

To implement the 2013 HITECH Act, the Privacy Rule is amended. The 2013 Amendments also adopt the proposal in the interim rule requiring **Summit Center** to provide you, the patient, a copy of PHI if you, the patient, requests it in electronic form. The electronic format must be provided to you if it is readily produced. OCR clarifies that **Summit Center** must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct the **Summit Center** to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that **Summit Center** may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

X. Notice of Privacy Practices:

Summit Center's Privacy Practices are available online at www.summitcenter.us. Additionally, a paper copy is available to view in the waiting room of the Center's offices and a copy made available to the client during their first appointment and upon request.

Further, Summit Center does keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For Summit Center use in treating you.
- b. For Summit Center use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For Summit Center use in defending Summit Center clinician's in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate the Center's compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Summit Center clinicians will **not** use or disclose your PHI for marketing purposes.
Summit Center clinicians will **not** sell your PHI in the regular course of Summit Center business.

I. Effective date of this notice:

This notice went into effect on May 20, 2020.

I acknowledge receipt of this notice:

Patient Name: _____

Date: _____

Signature: _____

Patient Name: _____

Date: _____

Signature: _____

(Parent or Legal Guardian, if patient is under 18yrs old)