



## Notice of Privacy Practices

This Notice describes how Mental Health, Psychological and Medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Summit View Counseling, LLC (SVC) provides mental health counseling, referrals on your behalf, and reviews an individual's eligibility to receive benefits and services. We have to collect personal and health information about you and/or your family and this information is private. We call this information "protected health information." SVC does not use or disclose protected health information unless it is permitted or required by law. SVC is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices concerning protected health information and to notify affected individuals in the case of a breach of unsecured protected health information. As a "covered entity", SVC must follow applicable laws protecting the privacy of your protected health information which include the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. When we use or disclose protected health information, we make every reasonable effort to limit its use or disclosure to the minimum necessary to accomplish the intended purpose. This notice explains your right to privacy of your protected health information and how we may use and disclose that information. For more information on SVC privacy practices, or to receive another copy of this notice, please contact us. We are required by law to follow the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. If we make an important change in our privacy policies or procedures, we will post a revised copy of the notice on our website and/or provide you with a new privacy notice by mail or in person. You may request and receive a paper copy of this notice at any time.

### What is protected health information?

Protected health information is information about you that can be used to identify you. This includes electronic information and information in any other form or medium that could identify you, for example:

Your name (or names of your children)	Telephone number	Address	SVC case number	Diagnostic code
Date of birth	Social Security number		Admission/discharge date	

### Why is my protected health information used and disclosed by SVC?

There are different reasons why we may use or disclose your protected health information. The law says that we may use or disclose information without your consent or authorization for the reasons described below.

**for treatment:** We may use or disclose information so that you can receive medical treatment or services. For example, we may disclose information your doctor, hospital or therapist needs to know to give you quality care and to coordinate your treatment with others helping with your care.

**for Payment:** We may use or disclose information to pay for your treatment and other services. For example, we may exchange information about you with your doctor, hospital, nursing home, or another government agency to pay the bills for your treatment and services.

**for operating our Programs:** We may use or disclose information in the course of our ordinary business as we manage our various programs. For example, we may use your health information to contact you to provide information about appointments, health-related information and benefits and services. We may also review information we receive from your doctor, hospital, nursing home and other health care providers to review how our programs are working or to review the need for and quality of health care services provided to you and/or your family.

**for Public health activities:** We report public health information to other government agencies concerning such things as contagious diseases, immunization information, and the tracking of some diseases such as cancer.

**for law enforcement Purposes and as required by legal Proceedings:** We will disclose information to the police or other law enforcement authorities as required by court order.

**for government Programs:** We may disclose information to a provider, government agency or other organization that needs to know if you are enrolled in one of our programs or receiving benefits under other programs such as the Workers' Compensation Program.

**for National security:** We may disclose information requested by the federal government when they are investigating something important to protect our country.

**for Public health and safety:** We may disclose information to prevent serious threats to health or safety of a person or the public.

### Do other laws also protect certain health information about me?

SVC also follows other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. For example, if we have HIV or substance abuse information, with a few exceptions, we may not release it without special, signed written permission that complies with the law. In some situations, the law also requires us to obtain written permission before we use or release information concerning mental health or intellectual disabilities and certain other information.

### **Can I ask SVC to use or disclose my health information?**

Sometimes, you may need or want to have your protected health information sent or otherwise disclosed to someone or somewhere for reasons other than treatment, payment, operating our programs, or other permitted or required purpose not needing your written authorization. If so, you may be asked to sign an authorization form, allowing us to send or otherwise disclose your protected health care information as you request.

The authorization form tells us what, where and to whom the information will be sent or otherwise disclosed. You may revoke your authorization or limit the amount of information to be disclosed at any time by letting us know in writing, except to the extent that SVC has already taken action in reliance upon the authorization. If you are younger than 18 years old and, by law, you are able to consent for your own health care, then you will have control of that health information. You may ask to have your health information sent to any person who is helping you with your health care.

Except as described in this Notice, we will not use or disclose your health information without your written authorization. For example, HIPAA generally requires written authorization before a covered entity may use or disclose an individual's psychotherapy notes. In most cases, HIPAA also requires written authorization before a covered entity may use or disclose protected health information for marketing purposes or before it sells it.

### **What are my rights regarding my health information?**

**Right to see and copy your health information:** You have the right to see most of your protected health information and to receive a copy of it. If you want copies of information you have a right to see, you may be charged a small fee. However, generally, you may not see or receive a copy of: (1) psychotherapy notes; or (2) information that may not be released to you under federal law. If we deny your request for protected health information, we will provide you a written explanation for the denial and your rights regarding the denial. SVC does not receive or keep a file of all of your protected health information. Doctors, hospitals, nursing homes and other health care providers (including an HMO, if you are enrolled in one) may also have your protected health information. You also have a right to your health information through your doctor or other provider who has these records.

**Right to correct or add information:** If you think some of the protected health information we have is wrong, you may ask us in writing to correct or add new information. You may ask us to send the corrected or new information to others who have received your health information from us. In certain cases, we may deny your request to correct or add information. If we deny your request, we will provide you a written explanation of why we denied your request. We will also explain what you can do if you disagree with our decision.

**Right to receive a list of disclosures:** You have the right to receive a list of where your protected health information has been sent, unless it was sent for purposes relating to treatment, payment, operating our programs, or if the law says we are not required to add the disclosure to the list. For example, the law does not require us to add to the list any disclosures we may have made to you, to family or persons involved in your care, to others you have authorized us to disclose to, or for information disclosed before April 14, 2003.

**Right to request restrictions on use and disclosure:** You have the right to ask us to restrict the use and disclosure of your protected health information. We may not be able to agree to your request. In fact, in some situations, we are not permitted to restrict the use or disclosure of the information. If we cannot comply with your request, we will tell you why. Except as otherwise required by law, we must grant your request to restrict disclosure to a health plan if the purpose of disclosure is not for treatment and the medical services to which the request applies have been paid out-of-pocket in full.

**Right to Request Confidential Communication:** You may ask us to communicate with you in a certain way or at a certain location. For example, you may ask us to contact you only by mail.

**Right to Receive Notification of a Breach:** You have the right to receive notification if there is a breach of your unsecured protected health information.

### **Whom do I contact about my rights or to ask questions about this notice?**

If you have questions or feel your privacy rights have been violated, you can ask questions or complain by writing to or calling the HIPAA Contact Office, Department of Health, 8th Floor West, Health and Welfare Bldg. Harrisburg, PA 17120. Phone (717) 232-4019.

You can also complain to the federal government, Secretary of Health and Human Services, by writing to: U.S. Department of Health & Human Services, Office for Civil Rights, 150 S. Independence Mall West - Suite 372, Philadelphia, PA. 19106-3499.

### **Will It Make Trouble For Me If I Complain?**

Your services will not be affected by any complaint made to the Department Privacy Officer, Secretary of Health and Human Services or Office of Civil Rights.