



NOTICE OF PRIVACY PRACTICES

Your Rights. Your Information. Our Responsibilities.

Summit Pointe and its contracted providers are required under the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 and an amendment to that law, known as the HITECH ACT, to protect your privacy, follow the privacy practices described in this notice, and give you a copy of this notice. Other statutes and regulations, such as 42 CFR Part 2 and the Michigan Mental Health Code may further restrict the use and disclosure of protected health information (PHI). This notice describes how medical information about you may be used and disclosed and how you can get access to your medical information. *Please review carefully.*

How Summit Pointe May Use or Disclose Your Protected Health Information

The following categories describe different ways in which Summit Pointe may use or disclose your PHI. Note that not every possible use or disclosure is specifically mentioned.

FOR TREATMENT: Summit Pointe will use clinical information about you to provide treatment and services. Summit Pointe will disclose your PHI to physicians, doctors, nurses, case managers and other authorized personnel who are involved in providing you with treatment.

FOR PAYMENT: Summit Pointe may use or disclose PHI regarding the treatment and services you receive from Summit Pointe for billing purposes. For example, this includes sharing information with your health plan about care you received so the plan can pay Summit Pointe or reimburse you. Summit Pointe may also provide your health plan with information about proposed treatment to obtain prior authorization or to confirm whether the treatment is covered by your plan.

FOR HEALTH CARE OPERATIONS: Summit Pointe may use or disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and to make sure that all of our consumers receive quality care. For example, Summit Pointe may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for Summit Pointe. Further, Summit Pointe may disclose your information to doctors, nurses, students, and other personnel for review and learning purposes. Summit Pointe may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific consumers.

FOR APPOINTMENT REMINDERS OR TREATMENT ALTERNATIVES: Summit Pointe may use or disclose your health information to remind you that you have an appointment, or to provide information about treatment alternatives or other health- related benefits and services that may be of interest to you.

TO BUSINESS ASSOCIATES: Summit Pointe may share your health information with “business associates” that perform services for Summit Pointe through contracts that we have with them. These contracts identify terms that safeguard your health information.

PSYCHOTHERAPY NOTES: Most uses and disclosures of psychotherapy notes will be done only with your authorization.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide Summit Pointe with authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing at any time. If you revoke authorization, Summit Pointe will no longer use or disclose medical information about you for the reasons covered by your written authorization.

TO OTHERS INVOLVED IN YOUR HEALTHCARE: Unless you object, Summit Pointe may disclose to a family member, a relative, a close friend, or any other person that you identify, your health information that directly relates to that person’s involvement in your care or with payment related to your care. If you are not able to agree or object to a disclosure, Summit Pointe will use our professional judgment regarding such disclosure.

BREACH NOTIFICATION: In the case of a breach of unsecured protected health information, Summit Pointe will notify you as required by law. The notice will be sent to the address Summit Pointe has on record. In certain circumstances, Summit Pointe’s business associate may provide the notification.

Use and/or Disclosure to the Recipient

If a valid authorization is provided, Summit Pointe may use or disclose your health information to you, as a recipient of Summit Pointe services, your guardian with authority to authorize such use or disclosure, the parent with legal custody of a minor recipient, or the court appointed personal representative or executor of the estate of a deceased recipient, unless in the written judgment of Summit Pointe the disclosure would be detrimental to you, as the recipient, or others.

HEALTH OVERSIGHT ACTIVITIES: Summit Pointe may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals.

LAWSUITS AND SIMILAR PROCEEDINGS: If you are involved in a lawsuit or dispute, Summit Pointe may disclose your medical information to itself or in response to a court order. Summit Pointe also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if Summit Pointe has made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

LAW ENFORCEMENT: Summit Pointe may release medical information about you if required by law when asked to do so by a law enforcement official.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: Summit Pointe may release medical information to a coroner or medical examiner to identify a deceased person or

determine the cause of death.

RESEARCH: Summit Pointe may use or disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:

Summit Pointe may use or disclose medical information about you as necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

FOR SPECIALIZED GOVERNMENT FUNCTIONS: Summit Pointe may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, Summit Pointe may disclose your health information to federal officials for intelligence and national security activities authorized by law. Summit Pointe also may disclose your health information to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations. Summit Pointe may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide health care services to you, (2) for the safety and security of the institution, and/or (3) to protect your health and safety or the health and safety of other individuals.

Your Rights Regarding Your Protected Health Information

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to the Summit Pointe Medical Records Department. There is no fee for inspecting or receiving a copy of your records.

Summit Pointe may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. For information regarding a review please contact the Privacy Officer at 877-277-0005.

RIGHT TO AMEND: If you believe the medical information Summit Pointe has about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made in writing and submitted to the Medical Records office. In addition, Summit Pointe may deny your request if you ask us to amend information that:

- Was not created by Summit Pointe.
- Is not part of the medical information kept by Summit Pointe.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

RIGHT TO ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures.” This is a list of the disclosures Summit Pointe has made of your medical information. To request this accounting of disclosures, you must submit your request in writing to the Medical Records office. Your request must state a time period which may not be longer than six years.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the use or disclosure Summit Pointe makes of your medical information. Summit Pointe is not required to agree to your request for a restriction. If Summit Pointe does agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

If you have paid for services out-of-pocket, in full, and if you request that Summit Pointe does not disclose PHI related solely to those services to a health plan, Summit Pointe will accommodate your request, except where Summit Pointe is required by law to make a disclosure.

To request a restriction, please submit it in writing to the Summit Pointe Medical Records Department.

CONFIDENTIAL COMMUNICATIONS: You have the right to request that Summit Pointe communicates with you only in a certain manner. For example, you can ask that Summit Pointe only contact you at work or by mail. To request confidential communications, please inform support staff or your primary clinician. Summit Pointe will accommodate all reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice on Summit Pointe's website (www.summitpointe.org). To obtain a paper copy please request one from any support staff.

RIGHT TO AN ELECTRONIC COPY: You have the right to request an electronic copy of your medical record. Summit Pointe will provide an electronic copy in the format you request if it is readily producible, or in a readable electronic format that we mutually agreed upon.

MARKETING AND SALE: Summit Pointe will not use or disclose your PHI for marketing purposes without your written authorization. Summit Pointe will not sell your PHI without your written authorization.

Additional Rights for Substance Use Disorder (SUD) Customers

Summit Pointe is a provider of substance use disorder services. Summit Pointe may seek information about in order to assess your needs, determine your program eligibility, and to refer you to substance use disorder treatment or other support services. In providing these services, Summit Pointe may share PHI about you in the course of coordinating your treatment, obtaining payment, and conducting operations. Because of this, Summit Pointe and its contracted providers must comply with Summit Pointe's policies related to the confidentiality of substance use disorder health information. Summit Pointe protects the confidentiality of your health information as required by the Federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations as stated in 42 CFR Part 2, the Privacy Rule provisions within HIPAA as stated in 45 CFR Parts 160 and 164, HITECH as stated in the Omnibus Final Rule, and the Michigan Mental Health Code.

Without customer consent, the confidentiality of substance use disorder patient records maintained by Summit Pointe are protected by federal law and regulations. Generally, Summit Pointe may not say to a person outside of Summit Pointe that a customer attends a substance use disorder treatment program or disclose any information identifying a customer as having a substance use disorder unless the customer consents in writing.

If you choose to, you may sign a single written consent that allows Summit Pointe to use and/or disclose your PHI for treatment, payment, and health care operations. You may also restrict who can see your information. You have the right to revoke your written consent at any time. Any use of your information that is not in this notice will not happen without you signing written consent.

Your rights in legal proceedings:

1. Records, or testimony about records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you sign a specific written consent or there is a court order.
2. Records will only be used or disclosed based on a court order after you are told about it. Summit Pointe must be given a court order, subpoena, or other legal mandate before your records are used or disclosed.

NOTE: When Summit Pointe releases your information for treatment, payment, or health care operations, the agency or individual we release it to may further release it to others as long as they follow the privacy laws.

REVISIONS TO THIS NOTICE: Summit Pointe reserves the right to revise this Notice. Any revised Notice will be effective for information currently in Summit Pointe's possession as well as any information received in the future. Summit Pointe will post a copy of any revised Notice. Any revised Notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with Summit Pointe or with the Secretary of the Department of Health and Human Services. To file a complaint with Summit Pointe, contact the Summit Pointe Compliance and Privacy Officer at 269-966-1460. To file a complaint with the Department of Health and Human Services, please visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or email OCRMail@hhs.gov.

You will not be retaliated against for making a complaint