

SunPointe Health

Notice of Privacy Practices

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.

OVERVIEW

SunPointe Health is a practice site for a group of behavioral health clinicians as well as independently practicing clinicians. As business associates of SunPointe Health, they agree to abide by the privacy practices described below. These practices also apply to the employees of SunPointe Health who provide scheduling, billing, medical records, and other services. "We" refers to the employees and/or the clinicians at SunPointe Health, depending on the activity.

We follow Federal and State law regarding the use and disclosure of information about your treatment. We are required to follow the rules of this Notice. We may revise this Notice in the future to reflect changes in the law or our understanding of it. The revised Notice will apply to all information we have or will have about your treatment. The revised Notice will be available on our website (sunpointehealth.com), posted in our office, and available at the front desk. You can also call us at (814) 867-0670 and we will mail you a revised Notice.

Our commitment is to maintain your privacy and confidentiality within the limits required by your treatment, payment for your treatment, operation of your clinician's practice, your safety, the safety of others, and the law.

DEFINITIONS

The Protected Health Information (PHI): Information about your treatment or planned treatment that is identifiable as yours. This information may be in written, electronic, or verbal form. Examples include your presence in treatment, visits, financial information, assessment and testing, diagnosis, treatment plan, discharge summary, and psychotherapy notes. Psychotherapy notes include what you talk about in individual, group, couple, or family sessions. They have stronger privacy protection than other PHI, as discussed in this Notice.

Consent: Your signed agreement to be treated and to the conditions of being treated by your clinician. If you do not give your consent, you cannot be treated. Consent includes limited use and disclosure of your PHI for three purposes: treatment, payment for services, and operation of your clinician's practice.

Authorization: Your signed agreement to disclose specified PHI to a specified person or organization, for specified purposes and for a specified time period. You can revoke authorization at any time (in writing), and no further disclosures will be made.

If you are under 14: Your parent(s) or legal guardian(s) must sign any authorization for you and have the right to know about your treatment. Authorization is not required for treatment.

USE AND DISCLOSURE OF YOUR PHI WITH YOUR CONSENT YOUR TREATMENT

Use of PHI

The clinicians (therapists, psychiatrists, and nurse practitioners) practicing at SunPointe Health use your PHI to treat you. Examples include developing treatment plans, reviewing notes, and evaluating progress. Your PHI is also managed by staff members who transcribe dictated notes and maintain treatment records. Staff members only use treatment records for these clerical tasks. Each staff member signs a Confidentiality Agreement and undergoes regular training regarding privacy and confidentiality.

Disclosure of PHI

If another clinician is covering for yours in his or her absence, then an authorization is not required. If an emergency occurs, sharing your information is important to your treatment, and there is not an opportunity to ask for your authorization, then an authorization is not required until after the emergency is resolved.

SunPointe Health Clinicians

The group practice, Susquehanna Valley Professional Associates (SVPA), uses SunPointe Health as a practice site. The group contains the following clinicians:

Therapists:

Michael Cawley, PHD	Rose Mary Catchmark, LPC
	Elaine Higdon, LCSW C
	Christine Tiberio, LPC
	Annasthasia Wyre, LPC

Psychiatrists:

Craig Feaster, MD	David Helsel, MD
Dennis Dombrowski, MD	Victoria Stout, DO

CRNPs:

Jami Pavlak, CRNP

PAs:

Natalie Schwer, PA-C
Sumi Kim, PA-C
Cara Bennett, PA-C

If you are treated by any of these clinicians, they can share your PHI with each other without authorization, as needed for your treatment. If your therapist and psychiatrist want to discuss your treatment with each other and are not both members of SVPA, you first need to sign an authorization.

VETERANS

If you are a veteran and your treatment is paid for under our contract with the Veteran's Administration, your PHI may be shared with VA clinicians who treat you without authorization, and may be subject to regulatory review within the VA. This is to ensure good coordination of care and appropriate treatment.

PRIMARY CARE PROVIDERS

If you give permission to your Registration, your clinician may inform your Primary Care Provider of your presence in treatment, your diagnosis, and your treatment plan. Further details of your treatment require authorization from you.

WRITTEN AUTHORIZATION

In all other cases, your written authorization is required whenever your clinician wishes to disclose your PHI to another person or organization for the purpose of treatment. Psychotherapy notes are only released with your specific authorization for the purpose of treatment; other purposes are discussed on Page 4.

PAYMENT FOR SERVICES

Your PHI is used to determine eligibility for reimbursement by your health insurance, to calculate balances of payments owed by you or your health insurance, and to decide whether collection activity is needed on your account. We use only the minimum information about your treatment necessary for these tasks, usually dates of treatment and type of treatment provided.

When you decide to use your health insurance to help pay for your treatment at SunPointe Health, you also agree to let us disclose information about your treatment that is routinely requested by your health insurance plan to verify that treatment is occurring and that it is needed. This information may range from dates of treatment and type of treatment provided to diagnosis, treatment plan, and anticipated outcome of treatment. Occasionally treatment records are audited; in these cases, identifying information is removed from your PHI. If financially possible, you may choose to pay for treatment yourself to avoid such disclosures.

HEALTHCARE OPERATIONS

In order to help your clinician's practice function well, your PHI is used to schedule appointments and other routine functions. Your PHI may be used administratively to review the quality of treatment provided, such as average days between first contact and first appointment.

Your first name may be spoken when your clinician greets you in a waiting area or when you are interacting with employees of SunPointe Health. We often schedule and confirm appointments on the phone and do our best to be discreet when speaking with a third party. Please inform us of any phone numbers where you do not want to be contacted or do not wish to have a message left with a third party. If you are a parent or guardian scheduling an appointment, unless we are already familiar with you, we will ask you to provide identifying information for the child's protection. We can only make appointments through those relatives whom the person who originally scheduled services identified as able to do so.

DISCLOSURES OF YOUR PHI REQUIRED BY LAW

Some disclosures of PHI are required by law with or without your consent or authorization. Your clinician will discuss such a disclosure with you.

Child Abuse

Whenever your clinician reasonably suspects that a child with whom he or she has direct contact has been the victim of abuse or neglect, your clinician must immediately report such to a State-wide hotline, which forwards the information to the local Child and Youth Services. If there appears to be imminent danger your clinician will also contact the police. Also, if your clinician reasonably suspects that a child with whom he or she has direct contact has experienced mental suffering or emotional abuse, your clinician may report it.

Adult Abuse

If your clinician reasonably suspects an elder or dependent adult with which he or she has direct contact has been the victim of abuse or neglect, your clinician must report the suspected abuse or neglect immediately to the elder abuse hotline or the local Area Agency on Aging.

Health Oversight

If a complaint is filed against your clinician with his or her professional Board, the Board has the authority to subpoena confidential mental health information relevant to that complaint. This may include psychotherapy notes.

Judicial or Administrative Proceedings

If you are involved in a court proceeding and there is a court order for information about your treatment at SunPointe Health, your clinician must provide that information. This may include psychotherapy notes. A subpoena does not necessarily require disclosure, and your clinician will discuss the situation with you.

Serious Threat to Health or Safety

If you disclose to your clinician a serious threat of physical violence against an identifiable victim, your clinician must make reasonable efforts to communicate that information to the potential victim and the police. If your clinician has reason to believe that you are dangerous to yourself or others, your clinician may release relevant information as necessary to prevent the threatened danger and/or to help you access a higher level of care, such as hospitalization.

- **And any other disclosures required by law.**

DISCLOSURES OF YOUR PHI WITH YOUR AUTHORIZATION

All other disclosures of your PHI require your written authorization. We will limit the information to that necessary to accomplish the purpose of the disclosure, and if non-identifying information can be used, we will do so. Such disclosures for purposes other than treatment will not include psychotherapy notes. Examples include:

- Law enforcement officials to prevent, investigate, or prosecute a crime, or to locate a suspect, fugitive, missing person, or material witness.
- Public health organizations about communicable diseases or adverse drug incidents.
- Government agency about a threat to national security or other intelligence.
- Employer, military authorities, or a correctional facility.
- Related to a worker's compensation claim filed by you.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to request (in writing) a restriction on use or disclosure of any part of your PHI for the purposes of treatment, payment, or healthcare operations. A request may be denied (in writing) if we believe that the restriction would not allow us to perform any of these functions. This does not apply to disclosures requiring your written authorization.

Your Right to Inspect and Copy

You have the right to inspect and receive a copy of your PHI except for psychotherapy notes, information compiled in anticipation of a criminal, civil, or administrative action, and any PHI to which access is restricted by law. Your clinician may choose to review this information with you to assist you in understanding it. To do so, you must complete the appropriate Authorization form and present it to the Health Information Management Department. We have provided the address for the Health Information Management Department on the last page of this Notice. You will be charged a fee for photocopying. We may deny your request to inspect and receive a copy of your PHI in very limited circumstances. If you are denied, you may request that such denial be reviewed. We will comply with the outcome of such a review.

Your Right to Amend

If you feel that the PHI that we have about you is incorrect or incomplete, you may ask us to amend or change such incorrect PHI. You have the right to request an amendment for so long as your PHI is kept by or for us. Such a request must be made to your clinician and may be denied, but you have the right to receive a written explanation if there is no agreement to make the requested changes.

Your Right to an Accounting of Disclosures

You have the right to request an accounting of Disclosures. This is a list of Disclosures that we made of your PHI to entities outside of SunPointe Health. You have the right to receive within 60 days of your written request an accounting of any disclosures made of your PHI that: (a) occurred after April 14, 2003; (b) happened within the last six years; (c) were made without a written authorization; (d) were not for the purposes of treatment, payment, or healthcare operations; (e) were not for national security or intelligence purposes; (f) were not made to law enforcement or health oversight officials who requested in writing a delay of accounting in order to carry out their mandated activities.

Your Right to Notification

We will notify you of certain unpermitted Uses or Disclosures that have occurred. This will be done by mail or other means if necessary.

Your Right to Request Restrictions

You have the right to request restrictions on the PHI we Use or Disclose about you for treatment, payment, and health care operations. We are not required to agree to your request, and generally, we will not accept requests for such limitations.

As required by law, if you have paid out-of-pocket for a healthcare service or item, you have the right to ask us not to tell your insurance company about such service or item for purposes other than treatment. We will not share the PHI regarding such care with your insurer for purposes of payment or health care operations.

Your Right to Request Confidential Communications

You have the right to make a reasonable request that we communicate with you regarding your PHI in a certain way or at a certain location. Such reasonable requests may be limited to, when appropriate, how information as to payment for services we provide to you will be managed. We may require you to make this request by writing to the manager of your care site. **Your Right to a Paper Copy of this Notice**

You have a right to obtain a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may obtain a paper copy of this Notice at the registration desk at your next appointment.

COMPLAINTS

You have the right to file a complaint if you believe your PHI has been inappropriately disclosed. You may speak with the SunPointe Health Privacy Officer, Tracie Knarr, at (814) 272-3117 or call the Secretary of Health and Human Services at U.S. Department of Health and Human Services, Office of Civil Rights at (877) 696-6775. You can send complaints in writing to Privacy Complaints, P. O. Box 8050, U. S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. You will not be punished, and treatment will not be withheld if you make a complaint.

CHANGES TO THIS NOTICE

We may change this Notice at any time. We may make the revised or changed Notice effective for PHI we already have as well as any PHI we receive in the future. We will post a current copy of this Notice in our clinic. On the last page of this Notice, you will find the effective date of that Notice.

If we make material changes in our privacy practices, we will promptly make available upon request our changed Notice. Our changed Notice will be effective for your entire PHI that we have as of the effective date of such changed Notice.

OTHER USES OF YOUR PHI

- Other Uses and Disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization.
- If you provide us with such written permission, you may revoke it at any time.
- We are not able to take back any Uses or Disclosures that we already made with your authorization.
- We are required to retain your PHI regarding the care and treatment that we provided to you.

EFFECTIVE DATE

This revised Notice of Privacy Practices goes into effect August 6, 2020.

