Notice of Privacy Practices

Summit Health, Inc. is committed to protecting the privacy of your health information. We have policies and safeguards in place to protect your privacy. Summit Health is also required by state and federal laws to protect the confidentiality of your health information and to provide you with this Notice of Privacy Practices.

Why should I read this?
This notice describes how we use the information that we collect about you during a wellness or immunization event. It tells you about your rights.

How is my information used?
The confidential health information that we collect as we provide our wellness or immunization services is called “protected health information” or “PHI.” The most common reason why we may use or disclose your PHI is for treatment, payment or health care operations. For example, we may provide you with your health screening results, use your PHI to collect payment or verify your insurance. Finally we could use your PHI for our health care operations; to evaluate and improve the quality of our services, to evaluate employee performance or to store your records. We routinely use your health information for these purposes without any special permission. We can share your PHI only with your approval when you sign a valid authorization; you may cancel this authorization at any time. We do not use or disclosure your PHI for marketing purposes and we do not sell your PHI.

What can you do without my authorization?
We can only share your PHI without your authorization when:
- It is required by law
- There is a court order

What are my rights?
Except in the situations described above, we will not use or disclose your PHI without your written authorization. You do not have to sign the authorization and you may revoke your authorization at any time unless we have already acted in reliance upon it. You also have the following rights regarding the use and disclosure of your PHI:

- You may request that we restrict the use or disclose of your PHI by doing so in writing. You can also decide to end a restriction at any time.
- You may ask to review your PHI by requesting to do so in writing. We may charge a fee for copying and require payment in advance.
- You may request that we amend your records if you think they are incorrect or incomplete. If we agree, we will amend the record.
- If you have paid out of pocket, in full, for your screenings, you may request that we restrict certain PHI from disclosure to health plans.
- If a breach of your unsecured PHI occurs, you will receive a written notification of the details of the breach at the address we have on file for you.
- You may receive an accounting of the disclosures we have made of your PHI, other than those for treatment, payment, or health care operations, disclosures required by law, or disclosures for which we have your authorization.

How do I contact you in the future?
If you wish to see or obtain a copy of your PHI, see an accounting of any disclosures we have made of your PHI or ask to amend your PHI or revoke your authorization, please contact Summit Health at 1-877-686-6636 for directions on how to make these requests.

What if I think my privacy has not been protected?
If you believe that your privacy has not been protected, you believe there has been a breach of the security of your PHI, or you wish to have additional information, please contact Summit Health at 1-877-686-6636 or you can contact the Secretary of Health and Human Services. You will not be retaliated against if you file a complaint. The privacy of your PHI is important to us. Summit Health welcomes your questions and input for our continuous improvement process.

Summit Health reserves the right to change the terms of this Notice at any time. If we change the Notice, a revised Notice will be available at our service sites and on our website at www.summithealth.com. The changes will apply to all your PHI even if we received the PHI before the change.