

ELEANOR CASTILLO SUMI, PH.D

SUMMARY OF PRIVACY POLICIES

What you should know about Dr. Eleanor Castillo Sumi's Notice of Information and Privacy Practices:

The attached notice explains how your personal health information is protected and maintained. It describes how this information may be used and disclosed and how you can get access to it. It also explains your rights regarding your personal health information. The law says that I must explain this notice and give you a copy (if you would like one). I must get your signature acknowledging that I have done so.

How your information may be shared:

- I share it with people that work with regarding your care to provide services to you, to pay your bill, and to perform and improve our services.
- I may share information with other persons who are involved in providing you services.
- Occasionally companies and/or individuals that I contract with to run the business may have access to your personal information.
- All companies/individuals that I hire or contract with are committed in writing to protect your privacy.
- Sometimes I share information because the law requires us to do so.
- I share information to secure payment for services.

Your rights (*Dr. Eleanor Castillo Sumi has the right to review requests that you make. Sometimes I am unable to comply with your request, BUT I will provide you with an explanation if this happens*):

- To request that I contact you in a specific way.
- To request a change or correction to your information.
- To request access to your information.
- To request us to exclude someone from having access to your information.
- To request a list of certain disclosures of information that I have made.
- To submit a complaint if you are unhappy with the way I handle your information.

This is a summary of our Privacy Notice. Please see the entire Notice of Information and Privacy Practices for further details.

Please discuss any questions or concerns you may have with Dr. Eleanor Castillo Sumi:

Eleanor Castillo Sumi, Ph.D.
1821 South Bascom Ave, Suite 181
Campbell, CA 95008
Phone (408) 425-2179

Eleanor Castillo Sumi, Ph.D.

Notice of Information and Privacy Practices

Effective Date: 02/01/10

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer at (408) 425-2179.

OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION:

I understand that the information I maintain about you and your health is personal. I am committed to protecting this information. I create a record of the care and services you receive. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by or available to my workforce (which may include any health care professional who enters information into your health care record, volunteers, finance staff, information services staff, etc.).

This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of health information.

I am required by law to:

- Make sure that clinical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to clinical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW I MAY USE AND DISCLOSE INFORMATION ABOUT YOU.

The following categories describe different ways that I use and disclose medical and/or clinical information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

- **For Services.** I may use clinical or medical information about you to provide you with treatment or services. I may disclose clinical or medical information about you to other company personnel who are involved in providing services to you. Different departments may share information about you in order to coordinate the different things you need. I also may disclose information about you to people outside my care who may be involved in providing services or treatment to you, or as a part of coordinating follow up care. These people may include family members, social workers, school employees, neighbors, clergy, county employees, or others involved in providing services that are part of your care.
- **For Payment.** I may use and disclose clinical or medical information about you so that the treatment and services you receive in my care may be billed to and payment may be collected from you or a third party.
- **For Health Care Operations.** I may use and disclose clinical or medical information about you for business operations. These uses and disclosures are necessary to run the business and make sure that all individuals served receive quality care. For example, I may use clinical or medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. I may also combine clinical or medical information about many clients to decide what additional services I should offer, what services are not needed, and whether certain programs are effective. I may also disclose information to other business personnel for review and learning purposes. I may provide information to

representatives of organizations with responsibility for compliance, licensure, quality of care, and funding purposes.

- **Treatment Alternatives.** I may use and disclose clinical or medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Clinical Services.** I may use and disclose medical or clinical information to tell you about health-related benefits or services that may be of interest to you
- **Fundraising Activities.** I may use clinical or medical information about you to contact you in an effort to raise money for the business and its operations. I only would release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want Dr. Castillo Sumi to contact you for fundraising efforts, you must notify the Executive Director in writing.
- **Individuals Involved in Your Care or Payment for Your Care.** I may release clinical or medical information about you to a friend or family member who is involved in your clinical or medical care. I may also give information to someone who helps pay for your care. In addition, I may disclose clinical/medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, I may use and disclose clinical or medical information about you for research purposes. I will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **Business Associates.** There are certain individuals and/or companies that Dr. Castillo Sumi hires to perform tasks in lieu of permanent staff. Dr. Castillo Sumi has a contract with each individual or company that includes language to insure that the privacy and confidentiality of each client that she serves is maintained.

THERE MAY BE OTHER SITUATIONS IN WHICH CCO WOULD BE REQUIRED AND PERMITTED TO RELEASE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION OR CONSENT

- **As Required By Law.** I will disclose clinical or medical information about you when required to do so by federal, state or local law (for suspected Child Abuse, Elder Abuse, etc.)
- **To Avert a Serious Threat to Health or Safety.** I may use and disclose clinical or medical information about you when 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.
- **Workers' Compensation.** I may release clinical or medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** I may disclose clinical or medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, condition or disability;
 - to report births and deaths;
 - to report abuse, neglect, or a victim of violence;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
- **Health Oversight Activities.** I may disclose clinical or medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations,

inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Other Legal Actions.** If you are involved in a lawsuit or a legal action, I may disclose clinical or medical information about you in response to a court or administrative order or your signed authorization indicating it is appropriate for us to do so.
- **Law Enforcement.** I may release clinical or medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, I am unable to obtain the person's agreement;
 - About a death I believe may be the result of criminal conduct;
 - About criminal conduct in my business; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** I may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities.** I may release clinical or medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** I may disclose clinical or medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may release clinical or medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING CLINICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information I maintain about you:

- **Right to Inspect and Copy.** You may have the right to inspect and receive copies of clinical/medical information that may be used to make decisions about your care. This includes medical and billing records.

To inspect and request a copy of the clinical and medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at (408) 425-2179. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies associated with your request.

I may deny your request to inspect and copy in certain very limited circumstances. I may also ask you if a summary of your treatment could be provided to you in lieu of the complete record. If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen Dr. Castillo Sumi will review your request and the denial. The person conducting the

review will be another health care professional not involved with the original denial. I will comply with the outcome of the review.

Records must be maintained for a period of time consistent with federal and state legislated retention periods. More detailed information regarding retention is included in the Company's Policy & Procedure "PHI-Information, Retention, & Storage".

- **Right to Amend.** If you feel that clinical/medical information I have 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 or for Dr Eleanor Castillo Sumi.

To request an amendment, your request must be in writing and submitted directly to the Privacy Officer. Contact the Privacy Officer at (408) 425-2179. In addition, you must provide a reason that supports your request.

I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask us to amend information that:

- Is accurate and complete.
- Was not created by us; unless the person or entity that created the information is no longer available to act on the request to make an amendment;
- Is not part of the clinical/medical information kept by or for Dr. Eleanor Castillo; and it is not part of the information which you would be permitted to inspect and copy

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of certain disclosures". This is a list of the disclosures I made of clinical or medical information about you. I am not required to include disclosures that are made: for treatment, payment, or healthcare operations, to the individual/legal guardian regarding their own information, pursuant to an authorization, to person's involved in the client's care, etc.

To request this list or accounting of certain disclosures, you must submit your request in writing to Privacy Officer, 1821 South Bascom Ave, Suite 181, Campbell, CA 95008. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, you will be charged for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the clinical or medical information I use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the clinical or medical information I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment.

To request restriction you must make your request in writing to Privacy Officer, 1821 South Bascom Ave, Suite 181, Campbell, CA 95008. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that I communicate with you about clinical or medical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Privacy Officer, 1821 South Bascom Ave, Suite 181, Campbell, CA 95008. I will not ask you the reason for your request. I will

accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. 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 at my website: www.castillosumiconsulting.com
- To obtain a paper copy of this notice, please call the Privacy Officer at (408) 425-2179 or mail your request to Privacy Officer, 1821 South Bascom Ave, Suite 181, Campbell, CA 95008. At your request, you will be sent a copy of this notice.

CHANGES TO THIS NOTICE

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for clinical or medical information I already have about you as well as any information I receive in the future. I will post a copy of the current notice in all treatment sites. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Dr. Castillo Sumi's office for treatment or outpatient health care services, I will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Dr. Eleanor Castillo Sumi or with the Secretary of the Department of Health and Human Services. To file a complaint with Dr. Eleanor Castillo Sumi, contact the Privacy Officer at (408) 425-2179 or send your complaint to: **Privacy Officer, 1821 South Bascom Ave, Suite 181., Campbell, CA 95008.** All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF CLINICAL AND MEDICAL INFORMATION.

Other uses and disclosures of clinical or medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures I have already made with your permission, and that I am required to retain our records of the care that I provided to you.