

## NOTICE OF PRIVACY PRACTICES

**I. 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.**

**II. Student Health & Psychological Services (SHS) has a legal duty to safeguard your protected health information (PHI)**

SHS is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that SHS has created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. SHS must provide you with this notice about privacy practices, and such notice must explain how, when, and why SHS will “use” and “disclose” your PHI. A “use” of PHI occurs when SHS share, examine, utilize, apply, or analyze such information within SHS practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of SHS. With some exceptions, SHS may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, SHS is legally required to follow the privacy practices described in this notice.

**III. How SHS may use and disclose your PHI.**

SHS may use and disclose your PHI for many different reasons. For some of these uses or disclosures, SHS will need your prior written authorization; for other reasons, however, SHS will not. Listed below are the different categories of uses and disclosures.

**A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations DO NOT Require Your Prior Written Consent. SHS can use and disclose your PHI without your consent for the following reasons:**

**1. For Treatment.** SHS may use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with trainees and interns. SHS may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, SHS can disclose your PHI to your psychiatrist to coordinate your care.

**2. For Health Care Operations.** SHS can use and disclose your PHI to operate practice. For example, SHS might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. SHS may also provide your PHI to the accountant, attorney, consultants, or others to further health care operations.

**3. Patient Incapacitation or Emergency.** SHS may also disclose your to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as SHS tries to get your consent after treatment is rendered, or if SHS tries to get your consent but you are unable to communicate with SHS staff (for example, if you are unconscious or in severe pain) and SHS thinks that you would consent to such treatment if you were able to do so.

**B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization.** SHS can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example, SHS may have to make a disclosure to applicable government officials when a law requires SHS to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, SHS may have to use or disclose your PHI in response to a court or administrative order. SHS may also have to use or disclose your PHI in response to a subpoena.

3. When law enforcement requires disclosure. For example, SHS may have to use or disclose your PHI in response to a search warrant.

4. When public health activities require disclosure. For example, SHS may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.

5. When health oversight activities require disclosure. For example, SHS may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.

6. To avert a serious threat to health or safety. For example, SHS may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.

7. For specialized government functions. If you are in the military, SHS may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

8. To remind you about appointments and to inform you of health-related benefits or services. For example, SHS may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that SHS offer that may be of interest to you.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

**1. Disclosure to Family, Friends, or Others.** SHS may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections III A, B, and C above, SHS will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that SHS haven't taken any action in reliance on such authorization) of your PHI by SHS.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:

**A. The Right to Request Restrictions on SHS Uses and Disclosures.** You have the right to request restrictions or limitations on SHS uses or disclosures of your PHI to carry out SHS treatment or health care operations. You also have the right to request that SHS restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to SHS in writing. SHS will consider your requests, but are not legally required to accept them. If SHS does not accept your requests, we will put them in writing and will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that SHS are legally required to make.

**B. The Right to Choose How SHS Send PHI to You.** You have the right to request that SHS send confidential information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). SHS must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide SHS with information as to how payment for such alternate communications will be handled. SHS may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

**C. The Right to Inspect and Receive a Copy of Your PHI.** In most cases, you have the right to inspect and receive a copy of the PHI that SHS has on you, but you must make the request to inspect and receive a copy of such information in writing. If SHS does not have your PHI but knows who does, SHS will tell you how to get it. SHS will respond to your request within 30 days of receiving your written request. In certain situations, SHS may deny your request. If SHS does, you will be notified in writing, the reasons for the denial and explain your right to have the denial reviewed.

Instead of providing the PHI you requested, SHS may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

**D. The Right to Receive a List of the Disclosure SHS Has Made.** You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which SHS has disclosed your PHI. The list will not include disclosures made for treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or, disclosures made before June 3, 2009.

SHS will respond to your request for an Accounting of Disclosures within 60 days of receiving such request. The list SHS will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. SHS will provide the list to you at no charge.

**E. The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that SHS correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. SHS will respond within 60 days of receiving your request to correct or update your PHI. SHS may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by SHS, (iii) not allowed to be disclosed, or (iv) not part of SHS records. SHS written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and SHS denial be attached to all future disclosures of your PHI. If SHS approves your request, SHS will make the change to your PHI, tell you that SHS has done it, and tell others that need to know about the change to your PHI.

**F. The Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail.

**V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think that SHS may have violated your privacy rights, or you disagree with a decision SHS staff made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the

Department of Health and Human Services at: 200 Independence Avenue S.W., Washington, D.C. 20201. SHS will take no retaliatory action against you if you file a complaint about my privacy practices.

**VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT SHS PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about SHS privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Secretary of the Department of Health and Human Services at telephone number: (202)-619-0257 or toll free at 1-877-696-6775.

**VII. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on June 3, 2009.