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NOTICE of PRIVACY PRACTICES
Center for Counseling and Human Development
Millersville University
PO Box 1002
Millersville, PA 17551-0302
(717) 872-3122 or Fax (717) 872-3885

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.

I. Introduction To Our Clients

Privacy is a very important concern for all those who come to this office. The Center for Counseling and Human Development psychologists and staff follow the practices outlined in the notice. We are required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you have any questions or want to know more about anything in this Notice, please ask the Counseling Center Director for more explanation.

II. What We Mean By Your Mental Health Information

Each time you visit us information is collected about you and your mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you got from us or from others. The information we collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your file at our office. In this office PHI may include these kinds of information:

- Your history. As a child, in school and at work, and marital and personal history.
- Reasons you came for treatment. Your problems, complaints, symptoms, needs, goals.
- Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- A treatment plan. These are the treatments and other services which we think will best help you.
- Progress notes. We write down some things about how you are doing, what we observe about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, etc.
- Information about medications you took or are taking.
- Legal matters.

This list is just to give you an idea; there may be other kinds of information that go into your file here. Some of this information may require your specific permission to be disclosed. We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- For teaching and training other healthcare professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this country.
- To improve the way we do our job by measuring the results of our work.

- As may be required by law.

Although your mental health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read or review it. If you want a copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect, or something important is missing, you can ask us to amend (add information to) your record, although in some situations we don't have to agree to do that. Our Director can explain more about this.

III. Privacy and the Laws

The HIPAA Law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices, which is called the Notice of Privacy Practices or NPP. We will obey the rules of this notice as long as it is in effect, but if we change it, the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see. You or anyone else can get a copy from our Director at any time.

IV. How Your Protected Health Information Can Be Used and Shared

When your information is read by me or others in this office, that is called, in the law, "use." If the information is shared with or sent to others outside this office, that is called, in the law, "disclosure." Except in some special circumstances, when we use your PHI here or disclose it to others, we share only the minimum necessary PHI needed for the purpose. The law gives you rights to know about your PHI, how it is used and to have a say in how it is disclosed.

We use and disclose PHI for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses, we must tell you about them and have a written Authorization Form, unless the law lets or requires us to make the use or disclosure without your authorization. However, in some situations the law says that we are allowed to make some uses and disclosures without your consent or authorization.

A. Uses and Disclosures of PHI in Healthcare With Your Consent

After you have received this Notice, you will be asked to sign a separate Consent Form to allow us to use and share your PHI. In almost all cases, we intend to use your PHI here or share your PHI with other people or organizations to provide treatment to you, or some other business functions called health care operations. Together these routine purposes are called TPO and the Consent Form allows us to use and disclose your PHI for TPO.

1. For Treatment or Health Care Operations

We need information about you and your condition to provide counseling to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. You must sign the Consent Form before we begin to treat you because if you do not agree and consent, we cannot provide counseling to you.

When you come to see us, we collect information about you and all of it may go into your mental health records here. Generally, we may use or disclose your PHI for treatment and what are called healthcare

operations.

For treatment: We use your mental health information to provide you with psychological treatment or services. These might include individual or group therapy, psychological, educational or vocational testing, treatment planning or measuring the effects of our services.

We may share or disclose your PHI to others who provide treatment to you. For example, we may refer you to other professionals or consultants for services we cannot offer, such as special testing or treatments. When we do this we need to tell them some things about you and your condition. We will get their findings and opinions and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them.

For Healthcare Operations: There are some other ways we may use or disclose your PHI which are called healthcare operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

2. Other Uses In Healthcare

Appointment Reminders. We may use and disclose mental health information to reschedule or remind you of appointments for counseling. If you want us to call or write to you only at your home or your work or prefer some other way to reach you, we usually can arrange that. Just tell us.

Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of interest to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Research. We may use or share your information to do research and improve treatments. In all cases, your name, address and other information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you and you will have to sign a special Authorization Form before any information is shared.

B. Uses and Disclosures Requiring Your Authorization

If we want to use your information for any purpose besides the TPO or those we described above, we need your permission on an Authorization Form. We don't expect to need this very often.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

C. Uses and Disclosures of PHI from Mental Health Records NOT Requiring Consent or Authorization

The law lets us use and disclose some of your PHI without your consent or authorization in some cases.

When required by law: There are some federal, state or local laws which require us to disclose PHI.

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer or trying to get a court order to protect the information they requested. (*)
- We have to release (disclose) some information to the government agencies which check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes: We may release mental health information if asked to do so by a law enforcement official to investigate a crime or criminal.

For specific government functions: We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate and for national security reasons.

To prevent a serious threat to health or safety: If we believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to persons who can prevent the danger, or who are in danger themselves.

D. Uses and Disclosures Requiring You to Have an Opportunity to Object

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency – so we cannot ask if you disagree – we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

E. An Accounting of Disclosures

When we disclose your PHI we keep records of whom we sent it to, when we sent it and what we sent. You can get an accounting (a list) of many of these disclosures.

V. If You Have Questions or Problems

If you need more information or have questions about the privacy practices described above, please speak to the Counseling Center Director, who can be reached by calling or writing to the Counseling Center. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not, in any way, limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact the

Counseling Center Director at:

M.U. Center for Counseling and Human Development
3rd Floor, Lyle Hall
Millersville University, PO Box 1002
Millersville, PA 17551-0302

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Fax: (717) 872-3885

The effective date of this notice is April 14, 2003.

(* This involves the professional asserting (on your behalf) your right to privileged communications.