Notice of Practices to Protect the Privacy of Your Health and Counseling Information

This notice describes how counseling/protected health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

If you have any questions about this notice, please contact the Director, IU South Bend Student Counseling Center at the address or phone number listed above.

Our Pledge Regarding Protected Counseling and Health Information:

The Indiana University South Bend Student Counseling Center is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information.

This Notice of Privacy Practice will serve as a joint notice to provide you with information of how we might use your protected health information to care for you as a client at the IU South Bend Student Counseling Center.

How We May Use and Disclose Protected Health Information About You:

The following categories describe different ways that we use and disclose protected health information. On a separate form, you will be required to sign to indicate your consent before we may use or disclose protected health information for the following categories. For each category of uses or disclosures, we will explain what we mean and try to give some examples. This list of examples is not 100% inclusive. Therefore, not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment:

- We may use your protected health information to provide you with treatment or services.
- We may disclose your protected health information to doctors, nurses, pharmacists, technicians, professional students, or other health care providers and support personnel who are involved in taking care of you.

For Payment:

- We may use and disclose protected health information to bill and/or collect payment for treatment and services provided to you.
- For example, we may give your protected health information to your third party payer about a treatment you received so they will pay us or reimburse you.

For Health Care Operations:

- We may use and disclose protected health information about you for our business operations. These uses and disclosures are necessary to run the Student Counseling Center and make sure that all of our clients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate our performance for quality improvement purposes.
- We may combine protected health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- We may combine the protected health information we have with protected health information from other college counseling centers to compare how we are doing and see where we can make improvements in the care and services we offer.
- We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific clients are.

Treatment Alternatives. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
**Health-Related Benefits and Services.** We may use and disclose protected health information to tell you about health-related benefits or services. For example, this may inform you of a new wellness or health education program that we offer that might be of benefit to you.

**Individuals Involved in Your Care or Payment for Your Care.** Upon receiving your authorization, we may release protected health information about you to a family member or friend who is involved in your medical care. *Even though your parents may be paying for your education, the Student Counseling Center will not release any of your confidential protected health information to them without your written authorization.*

**Research.** Under certain circumstances, we may use and disclose protected health information about you for research purposes. Please note: all research projects are subject to a special approval process. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however, disclose protected health information to people preparing to conduct a research project.

**THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED BY LAW and MAY NOT REQUIRE WRITTEN CONSENT or AUTHORIZATION:**

**To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health 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.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose protected health information about you for public health activities. These activities generally include the following:
- to prevent or control communicable disease, injury or disability;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities that may include audits, investigations, inspections, accreditation and/or licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement.** We will release protected health information, if one of the following requirements is satisfied:
1) A valid authorization from the patient is provided; or
2) A court orders such a release.

Under the laws of the State of Indiana, release of certain information, although otherwise privileged, is required by law. In other words, the following disclosures do not require your consent:
- Gunshot and other wounds to local law enforcement officials;
- Dog bite reporting to Indiana State Department of Health;
- Burn Injury reporting to State Fire Marshall;
- Reporting of child abuse or adult neglect/abuse to local law enforcement and child/adult protective service officials;
- Disclosures of chemical test results to law enforcement officials;
- Coroner’s case; and
- Report of blindness or visual impairment.
Other potential disclosures:

- To provide identification and location information, the Student Counseling Center may disclose the following information:
  - Name and address;
  - Date and place of birth;
  - Social Security Number;
  - ABO Blood type and Rh factor;
  - Type of injury;
  - Date and time of treatment;
  - A description of any distinguishing characteristics.

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

- About a death we believe may be the result of criminal conduct;

- About criminal conduct at the Student Counseling Center; 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.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. This includes medical and billing records, but **does not include psychotherapy notes**. It is the Student Counseling Center’s Policy that you call and make an appointment with the Director of the Counseling Center if you wish to inspect your counseling record. This will provide you with the opportunity to discuss any questions you may have regarding the record's content. There will be no charge for this visit.

  To inspect a copy of your counseling record that may be used to make decisions about you, you must submit your request in writing to the Director, IU South Bend Student Counseling Center. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in some limited circumstances. If you are denied access to your counseling information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that protected health information we have about you is incorrect you have the right to request an amendment. To request an amendment, your request must be made in writing and submitted to the Director of the Student Counseling Center. In addition, you must provide a reason that supports your request.

  We 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, we may deny your request if we ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the counseling record kept by the Student Counseling Center;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of people who you authorized to see your protected health records. To request this list or accounting of disclosures, you must submit your request in writing to the Director of the Student Counseling Center. Your request must state a time period that 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, we may charge you for the costs of providing the list. We 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 ways protected health information is used. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information from previous visits to the Student Counseling Center.
We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Student Counseling Center Director. 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 or to your parents.

- **Right to Request Confidential Communications.** You have the right to make reasonable requests that we communicate with you about protected health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Student Counseling Center Director. We will not ask you the reason for your request. We 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 us to give you 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.

**CHANGES TO THIS NOTICE:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in prominent areas located throughout the IU South Bend Student Counseling Center. The notice will contain the effective date. Additional copies of this notice are available to you at future visits to the IU South Bend Student Counseling Center, if you so desire.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the IU South Bend Student Counseling Center Director, Indiana University, or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the Student Counseling Center Director, Administration Building 130, 1700 Mishawaka Avenue, South Bend, IN 46634. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES OF PROTECTED HEALTH INFORMATION:**

Other uses and disclosures of protected health information not covered by this notice or law will be made only with your written permission. If you provide us permission to use or disclose protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. The Student Counseling Center is unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you do not understand any portion of our Notice of Privacy Practices, please call the Director, IU South Bend Student Counseling Center, (574) 520-4125 or visit the Student Counseling Center in Administration Building 130.