

## **DREXEL PSYCHOLOGICAL SERVICES CENTER** **SUMMARY OF PRIVACY PRACTICES**

This summary of our privacy practices contains a condensed version of our Notice of Privacy Practices. Our full-length Notice follows this summary.

**THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We understand that your PHI is personal to you, and we are committed to protecting the information about you. As our client, we create records about your health, our care for you, and the services and/or items we provide to you as our client. By law, we are required to make sure that your PHI is kept private.

**How will we use or disclose your information? Here are a few examples (for more detail please refer to the Notice of Privacy Practices that follows this summary):**

- For treatment
- To obtain payment for our services
- In emergency situations
- For appointment and client recall reminders
- To run our Practice more efficiently and ensure all our clients receive quality care
- For research and educational activities
- To avert a serious threat to health or safety
- For workers' compensation programs
- In response to certain requests arising out of lawsuits or other disputes

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Drexel University, contact our Privacy Officer. All complaints must be submitted in writing. Send complaints to: Privacy Officer, 3141 Chestnut Street Room 225, Philadelphia, Pa, 19104. You will not be penalized for filing a complaint.

**You have certain rights regarding the information we maintain about you. These rights include:**

- The right to inspect and copy
- The right to amend
- The right to an accounting of disclosures
- The right to request restrictions
- The right to a paper copy of this notice
- The right to request confidential communications

For more information about these rights please see the detailed **Drexel Psychological Services Center (PSC) Notice of Privacy Practices** that follows this summary.

**DREXEL PSYCHOLOGICAL SERVICES CENTER  
NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION (PHI)**

Effective Date 01/08/24  
Revision Date: 02/26/24

***THIS NOTICE DESCRIBES HOW PHI ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS  
TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

**APPLICATION OF THIS NOTICE**

In most cases, this Notice will be provided to the client. Accordingly, throughout this Notice we use the terms “you” and “your” primarily with reference to the client. In some cases, however, a client representative such as a parent, guardian, or agent under a power of attorney for healthcare or a conservator will represent the client. In those situations in which the client is unable or unwilling to exercise certain client rights regarding the control of PHI, “you” may refer to the client representative.

This Notice applies to information and records regarding your care maintained at and/or Drexel University, including records and payment information containing PHI.

If you have any questions about this Notice, please speak with the office staff or contact the Privacy Officer at 267-359-5598.

**ABOUT DREXEL UNIVERSITY**

This Notice describes Drexel University’s privacy practices, including those of:

- Any health care professional authorized to enter information into your chart;
- All departments and units of Drexel University;
- All psychology department faculty, fellows, graduate student trainees, and other trainees of, or affiliated with, Drexel University;
- All employees, volunteers, staff and other Drexel University personnel.

**OUR PLEDGE REGARDING YOUR PHI**

Drexel University is committed to protecting PHI about you. We create a record of the care and services you receive at the Drexel University facilities for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose PHI about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

The law requires us to:

- Make sure that your PHI is protected;
- Give you this Notice describing our legal duties and privacy practices with respect to PHI about you;
- Follow the terms of the Notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU**

The following sections describe different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.

**For Treatment.** We may use PHI about you to coordinate your care with other professionals involved in your treatment. These professionals may be part of the Drexel University system or be non-Drexel University providers. We also may disclose PHI about you to people outside Drexel University who may be involved in your continuing care after you leave the Drexel PSC, including your referring or primary care physician, other care providers, other health care facilities, community agencies, family members, or others that are part of your care.

**For Payment.** We may use and disclose PHI about you so that the treatment and services you receive at Drexel University may be billed to, and payment may be collected from, you or a third party.

**For Health Care Operations.** We may use and disclose PHI about you for Drexel PSC's operations. These uses and disclosures are made to promote quality of care activities; compliance with laws and regulations, staff bylaws and rules and regulations, contractual obligations or clients' claims, grievances or lawsuits; health sciences education; health care contracting; legal services; business planning and development; business management and administration; underwriting and other insurance activities; and to operate Drexel PSC. For example, we may use PHI to review our treatment and services and to evaluate and improve the performance of our staff in caring for you. We may also combine PHI about many clients to decide what additional services Drexel University should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to psychology faculty, fellows, graduate student trainees, or other trainees for performance improvement and educational purposes. We may also combine the PHI that we have with PHI from other providers to compare how we are doing and see where we can make improvements in the care and services that we offer.

**Appointment Reminders.** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or care at Drexel University.

**Treatment Alternatives.** We may use and disclose PHI 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 PHI to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** With your expressed consent, we may release PHI to anyone involved in your care (e.g. for a friend, family member, personal representative, or any other individual that you identify). We may also give information to someone who helps pay for your care. We may also tell the family or friends you have identified about your general condition.

**Disaster Relief Efforts.** We may disclose PHI 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.** Drexel University is a research institution. All research projects conducted by Drexel University must be approved through a special review process to protect client safety, welfare and confidentiality. Your PHI may be important to further research efforts and the development of new knowledge. We may use and disclose PHI about our clients for research purposes including in connection with future research with your consent.

On occasion, researchers contact clients regarding their interest in participating in research studies. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. Other studies may be performed using information about your treatment without requiring your informed consent. For example, a research study may involve comparing the health and recovery of clients who receive one treatment to those who receive another for the same condition.

**As Required by Law.** We will disclose PHI about you when we are required to do so by federal, state, or local law.

**To Avert A Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. The disclosure would be to appropriate professional workers or public authorities (e.g., involuntary civil commitment evaluation) who could help mitigate the threat and possibly to the individual(s) who are the target of the threat.

### **SPECIAL SITUATIONS**

**Military and Veterans.** If you are or were a member of the armed forces, we may release PHI about you to military command authorities as required by law. We may also release PHI about foreign military personnel to the appropriate foreign military authority as required by law.

**Workers' Compensation.** We may use or disclose PHI about you for workers' compensation or similar programs as permitted or required by law. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose PHI about you for public health purposes. These purposes generally include the following:

- Reporting child abuse or neglect;
- Notifying Pennsylvania Department of Transportation if we believe you are driving while impaired.
- Notifying the appropriate government authority if we believe a vulnerable person has been the victim of abuse or neglect, and making this disclosure as required or authorized by law.

**Health Oversight Activities.** We may disclose PHI about you to governmental, licensing, auditing, and accrediting agencies for activities authorized by law.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings (except as initiated by you against Drexel University or the Drexel University Psychological Services Center relating to your care), we may disclose PHI about you with a signed release form or in response to a court order.

**Coroners.** As required by law, if we have reasonable cause to suspect the death of a child to be the result of abuse, we will disclose that suspicion, including the relevant PHI, to the appropriate coroner.

**National Security and Intelligence Activities.** As required by law, we may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** As required by law, we may disclose PHI about you to authorized federal officials so they may provide protection to the President and other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution under the custody of law enforcement officials, we may release PHI about you to the correctional institution if required by law.

### **HIGHLY CONFIDENTIAL INFORMATION**

Certain laws require special privacy protection for **Highly Confidential Information** about you including the subset of your health information that: (1) is maintained in psychotherapy notes; (2) is about mental illness, mental health, and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about counseling for sexual assault; Under applicable law, we must generally get your authorization to disclose Highly Confidential Information about you, but we may disclose it without first getting your authorization in the following circumstances:

**Mental health treatment.** We may disclose information from your mental health treatment records to those who are providing you with treatment. We may also disclose information from your mental health treatment records to someone you identify as being responsible for paying for your care, such as a parent paying for a dependent's care, but we will only disclose the limited amount of information necessary for our payment purposes. We may disclose information from your mental health treatment records to the County Mental Health Administrator, a Mental Health Review Officer, or to an attorney representing you at a commitment hearing. We may

disclose information from your mental health treatment records when we are required to do so by law, such as to meet our requirement to report suspected child abuse. Regulators such as licensing agencies may review our organization from time to time, and they may have access to your mental health treatment records during those reviews. Other legally authorized reviewers may also review the care and services we have provided, and we may disclose information from your mental health records to them. We may disclose information from your mental health treatment records, if we are ordered by a court to do so. If you are older than 14 but younger than 18, we may release your mental health treatment records to your parent or guardian, if you need medical care that they must agree to. In an emergency, we may release information from your mental health treatment records in order to prevent someone (including you) from being harmed.

**Drug and alcohol treatment records.** We may disclose information from your drug and alcohol treatment records to a judge who has sentenced you, if your being in treatment is a condition of the sentence. We may also disclose information from your drug and alcohol treatment records to a judge who has assigned you to a drug and alcohol treatment program under a pre-sentence conditional release program. We may also disclose information from your drug and alcohol treatment records to your probation or parole officer, if your probation or parole is conditioned on you being in treatment. If you have a medical emergency, we may release information from your drug and alcohol treatment records to proper medical authorities so that they may provide medical treatment to you.

**HIV-related information.** If you are HIV-positive, we will only disclose information about your HIV status with a signed release form or court order permitting the disclosure.

**Sexual assault counseling records.** If we provide you with sexual assault victim counseling, we will not release or disclose those records without your authorization, unless required to do so by law.

### **YOUR RIGHTS REGARDING PHI ABOUT YOU**

The record that we create about you is the property of Drexel PSC. You have the following rights, however, regarding PHI we maintain about you.

**Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and/or receive a copy of your PHI. If your PHI is maintained in an electronic medical record, you have the right to ask for a copy of your electronic medical record in an electronic form.

To inspect and/or receive a copy of your PHI, you must submit your request in writing to the department providing care. A form is available for this request. If you request a copy of the information, we may charge a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. For example, the PSC may not release raw data to anyone but another qualified psychologist and will not release originals or copies of test protocols as they are protected documents. If you are denied access to your PHI, we will explain the reason(s) to you. In most cases you may have the denial reviewed. Another licensed health care professional chosen by Drexel University will review your request and the denial. The

person conducting the review will not be the person who first denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment or Addendum.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum. You have the right to request an amendment or addendum for as long as the information is kept by or for Drexel University.

To request an amendment, your request must be made in writing and submitted to the department providing care. A form is available from office staff for this purpose. 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 you ask us to amend information that:

- Was not created by Drexel University;
- Is not part of the PHI kept by or for Drexel University;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete in the record.
- If you wish to enter a written reaction qualifying or rebutting information in your records that you believe to incorrect or misleading, you have the right to prepare an addendum for inclusion in your record. Your addendum will then accompany all released records.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of PHI about you that were for purposes other than treatment, payment, health care operations and certain other purposes. If such disclosures are made through an electronic health record, you have the right to receive a list of these types of disclosures as well.

To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer, 3141 Chestnut Street, Room 225, Philadelphia, Pa. 19104. Your request must state a time period that may not be longer than the six previous years; provided, however that with respect to disclosures regarding treatment, payment and operations through an electronic health record, the period is no longer than three (3) years. You are entitled to one accounting within any 12-month period at no cost. If you request any additional accountings within that 12-month period, we may charge you for the cost of compiling the additional accountings. 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 PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about an evaluation you had done at the Drexel PSC.

*We are not required to agree to your request.*

If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment. However, if you pay for your treatment in full, you have the right to restrict, unless otherwise prohibited by law, the disclosure of your PHI in connection with the services that are paid for in full by you and we must abide by your request in such circumstances.

To request a restriction, you must make your request in writing to your clinician. 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 employer.

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

To request confidential communications, you must make your request in writing to your treating clinician through the office staff. 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, even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time.

**Right to Notice of a Breach.** You have the right to be notified of a data breach.

### **CHANGES TO DREXEL UNIVERSITY'S PRIVACY PRACTICES**

#### **AND THIS NOTICE**

We reserve the right to change Drexel University's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Drexel PSC. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, each time you register at Drexel University for treatment or health care services, you may request a copy of the Notice that is currently in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Drexel University or with the Secretary of the United States Department of Health and Human Services.

All complaints to Drexel University must be in writing. To file a complaint with Drexel University, write to the Privacy Officer, Drexel University, 3141 Chestnut Street, Room 225, Philadelphia, Pa. 19104.

*You will not be penalized for filing a complaint.*

#### **OTHER USES OF PHI**

Certain uses of your PHI, such as the use or disclosure of or access to psychotherapy notes or use or disclosure for marketing purposes, are prohibited without your express authorization. We also cannot sell your health information without your permission. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission on an authorization form. If you provide us with permission to use or disclose PHI



about you, you may revoke that permission, *in writing*, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We will retain our records of the care provided to you as required by law.

**To obtain a copy of this Notice, please ask the office staff.**