



DREXEL UNIVERSITY

Counseling

Center

Student Affairs

NOTICE OF PRIVACY PRACTICES

Privacy is a very important concern for all those who come to this office. It is also complicated because of federal and state laws and our profession. Because the rules are so complicated, some parts of this Notice are quite detailed and you probably will have to read them several times to understand them. If you have any questions, our Privacy Officer will be happy to help you. His or her name and address are at the end of this Notice.

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.

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A. Introduction – To Our Clients

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so you can make the best decisions for yourself and your family. We are also 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). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any questions or want to know more about anything in this Notice, please ask our Privacy Officer for more explanation or more details.

B. What We Mean by Your Medical Information

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider," information is collected about you and your physical and 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, or about payment for healthcare. The information we collect from you is called, in the law, PHI, which stands for Protected Health Information. This information goes into your medical or healthcare record on file at our office. In this office this PHI is likely to 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. Each time you come in 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.
- 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 healthcare record here.

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 practicum students.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Although your 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 very unusual 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 rare situations we don't have to agree to do that. Our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

C. 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 the entire PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see.

D. 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 and so we will tell you more about what we do with your information.

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, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

1. Uses and Disclosures of PHI in Health Care With Your Consent

After you have read 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. Re-read that last sentence until it is clear because it is very important.

1A. For Treatment or Health Care Operations

We need information about you and your condition to provide care 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 treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose your PHI for two purposes: treatment and what are called healthcare operations. Let's see what these are about:

For Treatment

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

We may share or disclose your PHI to others who provide treatment to you such as your physician, psychiatrist, or other therapists. They will also enter their findings, the actions they took and their plans into your record so we all can decide what treatments work best for you and make up a Treatment Plan. 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 conditions. 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. These are some examples so that you can see how we use and disclose your PHI for treatment.

For Health Care Operations

There are some other ways we may use or disclose your PHI which are called Health Care 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.

1B. Other Uses in Health Care

Appointment Reminders

We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care. 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.

2. 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.

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

The laws let 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.***
- ***To Prevent a Serious Threat to Health or Safety******
 - If we come to 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.

4. 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.

5. 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.

E. If You Have Questions or Problems

If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer, whose name and telephone number are listed below. 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 our Privacy Officer, Annette J. Molyneux, Ph.D. She can be reached by phone at 215.895.2052 or by e-mail at ajm26@drexel.edu.

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