

Counseling Services
University of South Carolina Lancaster
Notice of Privacy Practices

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

All information describing your mental health treatment and related health care services ("mental health information") is personal, and we are committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy, too. This Notice also applies to your psychologist, counselor, psychiatrist and other health care professionals who provide care to you. We must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDS, and information about alcohol and other substance abuse. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities.

The following categories describe different ways that we may use and disclose mental health information. 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.

Uses and Disclosures of Your Mental Health Information for Treatment, Payment, and Health Care Operations Without Your Written Authorization

We may use and disclose your mental health information for treatment and for conducting our health care operations. We may share your mental health information with others in our center, with others outside the center, who are involved in your treatment, and for our health care operations. These include our therapists, our health care staff, other health care providers, and our "Business Associate," who perform services for us by written agreements, such as transcription, billing, and auditing. We require that they safeguard your mental health information.

TREATMENT: We may use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, your protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

HEALTH CARE OPERATIONS: We may use and disclose mental health information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use mental health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

APPOINTMENTS AND SERVICES: To remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

INDIVIDUALS INVOLVED IN YOUR CARE IF YOU UNDER 18: Such as your parents, if you are a minor, or your conservator.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. Similarly, there are departments of the University that provide services to us, and may need access to your health information to do their jobs. We require business associates and other UVA departments to appropriately safeguard your information.

Uses or Disclosures of Your Mental Health Information Permitted or Required Without Your Authorization or the Opportunity for You to Agree or to Object

AS REQUIRED BY LAW: We will disclose mental health information about you when required to do so by federal, state or local law.

TO THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES: Such as for complaint investigations or for compliance reviews.

HEALTH OVERSIGHT ACTIVITIES: To governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.

JUDICIAL PROCEEDINGS: In response to court/administrative orders, subpoenas, discovery requests or other legal process.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose mental health information about you when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person.

MILITARY OR VETERANS: We may release mental health information about you as required by military command authorities. We may also release mental health information about foreign military personnel to the appropriate foreign military authority.

PUBLIC HEALTH RISK: We may disclose mental health information about you to report abuse or neglect of children, the elderly and mentally disabled patients.

LAW ENFORCEMENT: For, example, to assist in an involuntary hospitalization process.

RESEARCH PURPOSES: Subject to a special review process, and the confidentiality requirements of state and federal law.

YOUR RIGHTS REGARDING MENTAL HEALTH INFORMATION ABOUT YOU

RIGHT TO INSPECT AND COPY: In most cases, you have the right to inspect and copy your mental health and billing records. To inspect and copy your mental health or billing records, you must submit your request in writing to the University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721.

We may deny your request to inspect and copy in some circumstances: We may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding. Psychotherapy Notes are specifically defined in the HIPAA regulations as “notes recorded in any medium by a mental health provider documenting or analyzing the contents of a conversation during a private, group, joint or family counseling session, and that are separated from the rest of the individual’s mental health record” and are treated differently than other mental health records. Psychotherapy Notes must be kept in a separate file and are considered the private self communication of the mental health provider. HIPAA does not allow patients specific access to Psychotherapy Notes.

In contrast, mental health records are available to clients and include the following information: counseling session dates, diagnosis, functional status, treatment plan, symptoms, prognosis, progress to date, termination summary, psychological testing reports. These are usually more accessible to you.

RIGHT TO AMEND: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us; we will add your request to the information record;
 - Is not part of the mental health information kept by the 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 disclosures of mental health information about you that were not for treatment, payment or health care operations and of which you were not previously aware. To request this list of accounting of disclosures, you must submit your request in writing to the University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721. Your request must state a time period which may not be longer than six years.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the protected information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the mental health information we disclose about you to someone who is involved in your care or the payment for your care. If you ask us to disclose information to another party, you may limit the information we disclose. To request restrictions, you must make your request in writing to the University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721. 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.

RIGHT TO REQUEST ALTERNATIVE COMMUNICATIONS: You have the right to request that we communicate with you about mental 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 alternative communications, you must make your request in writing to the University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721. 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.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and make the changed notice effective for mental health information we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top left-hand corner, the effective date. In addition, each time you register we will have copies of the current notice available on request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the University of South Carolina Lancaster Counseling Services. To file a complaint, you must submit your request in writing to University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721. You may also send a written complaint to the UHS HIPAA Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

You will not be retaliated against for filing a complaint.

OTHER USES OF MENTAL HEALTH INFORMATION.

Other uses and disclosures of mental health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you request the transmission of any protected health information to a third party you will need to complete a written authorization for each recipient. Your authorization must include; to whom the information may be disclosed; a definition of the information to be used or disclosed; the purpose of the disclosure; an expiration date; your acknowledgment in writing of your rights to revoke authorization of disclosure and to not authorize disclosure. You may revoke that permission, in writing, at any time by

contacting the University of South Carolina Lancaster Counseling Services, P.O. Box 889, Lancaster, SC 29721.

MORE INFORMATION

If you have any questions you may contact:

Privacy Official
University of South Carolina Lancaster Counseling Services
P O Box 889
Lancaster, SC 29721
Phone: (803) 313-7057

EFFECTIVE DATE: AUGUST 8, 2007

Acknowledgment of Receipt of Notice to Privacy Practices

The University of South Carolina Lancaster Counseling Services Notice of Privacy Practices provides information about how we may use and disclose protected health information about you.

In addition to the copy we provide you, copies of the current notice are available by accessing our website at <http://usclancaster.sc.edu/counseling> and may be obtained in Bradley 128.

Signature of Client or Client's Representative

Date

Print Name

Student ID

Interpreter (if applicable) _____

Relationship to Client _____