

Notice of Privacy Practices

Effective August 1, 2015

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.1. PURPOSE: Counseling and Mental Health Center (CMHC) and its professional staff, employees, and trainees follow the privacy practices described in this Notice. The Counseling and Mental Health Center keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in your treatment and employees involved in the health care operations of the agency have access to your records.2. WHAT ARE TREATMENT and HEALTH CARE OPERATIONS? Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing both a CMHC physician (psychiatrist) and a CMHC counselor, they may share information in the process of coordinating your care. Treatment records may be reviewed as part an on-going process directed toward assuring the quality of CMHC operations. Staff members designated by the Quality Improvement Committee may access clinical records periodically to verify that CMHC standards are met.3. SHARING INFORMATION WITH UNIVERSITY HEALTH SERVICES. CMHC and University Health Services (UHS) use a collaborative approach to your care and therefore work closely together; therefore, your mental health record will be accessible to UHS healthcare providers and other UHS medical personnel. This sharing of information is done for your safety and to facilitate the continuity of your care. CMHC and UHS providers must abide by HIPAA's minimum necessary standard, limiting their access to only the parts of the Electronic Health Record essential to provide optimal patient/client care that balances collaborative patient/client care with patient/client confidentiality and privacy. UHS and CMHC's Electronic Health Record allows for restricted access based on security division, provider type, and types of access.

- a. All UHS prescribing providers, triage nurses, and dietitian(s) have access to the CMHC security division.
- b. All CMHC clinicians have access to the UHS security division.
- c. All CMHC clinicians, UHS prescribing providers, nurses, lab manager, and dietitians have access to the Psychiatry security division.
- d. All CMHC clinicians, UHS prescribing providers, and dietitians have access to the Integrated Health security division.
- e. Any individuals outside of those listed require approval from both the UHS Medical Director and CMHC Clinical Director.

4. HOW WILL THE Counseling and Mental Health Center USE MY PROTECTED HEALTH INFORMATION (PHI)?Your personal mental health record will be retained by the Counseling and Mental Health Center for at least seven years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy

- a. Until the records are destroyed they may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes: Appointment reminders;
- b. Notification when an appointment is cancelled or rescheduled by the Center;
- c. As may be required by law;

- d. For public health purposes such as reporting of child or elder abuse or neglect; reporting reactions to medications; infectious disease control; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law);
- e. Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of CMHC;
- f. Lawsuits and disputes (We will attempt to provide you advance notice of subpoena before disclosing information from your record.);
- g. Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the Counseling Center; when emergency circumstances occur relating to a crime;
- h. To prevent a serious threat to health or safety;
- i. To carry out treatment and health care operations functions through medical transcription services;
- j. To military command authorities if you are a member of the armed forces or a member of a foreign military authority;
- k. National security and intelligence activities;
- l. Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- m. To support the operations and functioning of CMHC. All business associates (e.g., electronic health record vendor) connected to CMHC are obligated to protect the privacy and security of your PHI and may not use or disclose your PHI other than as specified in our agreements with them.
- n. CMHC and University Health Services (UHS) work closely together and collaborate to provide the best services for our students, therefore, limited information (dates of visits, name of CMHC clinician(s) seen, medications, allergies, diagnoses, drug and alcohol abuse, suicidal and homicidal thinking, and other information deemed appropriate for your safety and the continuity of your care) about your visits to CMHC will be shared with UHS health care providers. Additionally, if you are being treated by a CMHC psychiatrist, AOD counselor and/or eating disorder counselor documentation relevant to your treatment will be shared with UHS healthcare providers. Your counseling record will be shared with UHS health care providers if you are referred by a CMHC clinician to a UHS health care provider for your care. This sharing of information is done for your safety and to facilitate the continuity of your care.
- o. Alcohol and drug abuse information has special privacy protections. The Counseling and Mental Health Center discloses limited information about alcohol and drug abuse to UHS providers if deemed appropriate for student safety and continuity of care (see above for description of collaboration between CMHC and UHS). Otherwise, CMHC will not disclose any mental health or medical information relating to a client's substance abuse treatment unless: (i) the client consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

5. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES. Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing the Counseling Center to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

6. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI). You have the following rights regarding your health information, provided that you make a written request

to invoke the right to the Counseling and Mental Health Center

- a. Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- b. Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by Counseling and Mental Health Center. The Counseling and Mental Health Center will comply with the outcome of the review.
- c. Right to an electronic copy of mental health records. If your PHI is maintained in an electronic format (known as an electronic health record), you have the right to request that an electronic copy of your record be given to you or another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in that form or format. If it is not readily producible in the form or format you request, your record will be provided in either our standard electronic format, or, if you do not want this format, as a readable hard copy. We may charge a fee for transmitting the electronic health record.
- d. Right to request a clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. The Counseling and Mental Health Center is not required to accept the information that you propose.
- e. Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations. Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecured PHI.
- f. Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may print out a copy of this notice at <http://www.cmhc.utexas.edu/ppn.html>.

7. REQUIREMENTS REGARDING THIS NOTICE.The Counseling and Mental Health Center is required to provide you with this Notice that governs our privacy practices. The Counseling and Mental Health Center may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come in to the Counseling and Mental Health Center for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

8. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the

Counseling and Mental Health Center, or with the office of the Vice President for Student Affairs. You will not be penalized or retaliated against in any way for filing a complaint.

Contact: Call the Counseling and Mental Health Center and ask to speak to the Clinical Director at 512-471-3515 if:

- a. you have a complaint;
- b. you have any questions about this notice
- c. you wish to request restrictions on uses and disclosure for health care treatment or operations; or
- d. you wish to obtain any of the forms mentioned to exercise your individual rights described above.