

Indiana University School of Medicine Counseling Services and Wellness

**Authorization for Treatment and Informed Consent and Notice of Privacy Practices
Effective 1/1/09**

_____ (Initial this paragraph). **TREATMENT: I authorize IUSM Counseling Services and Wellness, its agents and employees to furnish counseling services, including but not limited to, diagnostics assessments, counseling, emergency interventions and referrals which are deemed necessary in the course of my care.**

This Notice describes how *your Mental Health Information may be used and disclosed and how you can access this information. Please review carefully.* If you have any questions at any time, please ask so we can more fully explain.

1. **PURPOSE:** Indiana University School of Medicine Counseling Services and Wellness and its professional staff follow the privacy practices described in this Notice. Indiana University School of Medicine Counseling Services and Wellness (CSW) keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note, 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 CSW may have access to your records.

2. **WHAT ARE TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS?**

Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if your treatment includes seeing both the CSW staff psychologist and a psychiatrist, they may share information in the process of coordinating your care. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of CSW operations. There are no additional fees for services provided by CSW staff psychologist. If you are referred to other health care providers outside the office of CSW there will be a fee for the service set by that provider.

3. **HOW WILL CSW USE MY PROTECTED HEALTH INFORMATION?**

Your personal mental health record will be retained by CSW for approximately seven (7) years after your last clinical contact with the agency. After that time, the record will be destroyed or otherwise maintained in a way that protects your privacy.

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
- Notification when an appointment is cancelled or rescheduled.
- Treatment alternatives.
- Consultation/supervision.
- Research-1) We may release information about you to researchers preparing to conduct a research project who need to know how many patients have a specific health problem. 2) We may use and disclose medical information about you for research purposes if the research has been subjected to a careful review process conducted by a specially selected and trained committee and received this committee's approval. This process evaluates a proposed research project and its use of medical information and balances the potential benefit of the research against individual patients' needs for privacy of their mental health information. 3) A research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. In that situation, you would not be identified or contacted, but your medical information may be used but kept confidential. 4). In other studies, if a doctor caring for you believes you may be interested in, or benefit from, a research study, your mental health provider and the committee will approve someone to contact you to see if you are interested in the study. At that time, you would receive

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more information and you would have their right to authorize continued contact or refuse further contact.

- Workers' Compensation-We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
 - Coroners Medical Examiners and Funeral Directors, such as releasing medical information to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
 - As required by law.
 - 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).
 - Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of CSW
 - Individuals involved in your care.
 - Lawsuits and disputes (we will attempt to provide you advance notice of subpoena before disclosing information for your record).
 - 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 or a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in CSW facilities; when emergency circumstances occur relating to a crime.
 - To prevent a serious threat to health or safety, either to you or someone else.
 - If we have cause to believe that you are abusing children, elderly or disabled people, we are required by law to notify authorities.
 - To carry out treatment and health care operations functions through medical transcription services.
 - To military command authorities if you are a member of the armed forces or a member of a foreign military authority (we will attempt to provide you advance notice of subpoena before disclosing information for your record).
 - National security and intelligence activities.
 - Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
 - Alcohol and drug abuse information has special privacy protections. CSW will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client's substance abuse treatment unless: (i) the clients 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.
 - In the occurrence of the termination of employment or death of your counselor.
4. **YOUR AUTHORIZATION IS REQUIRED FOR DISCLOSURES.** Except as previously described, we will not use or disclose your record information unless you authorize (permit) in writing CSW to do so. You may revoke your permission in writing, which will be effective only after the date of your written revocation.
5. **YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.** You have the following rights regarding your health information, provided that you make a written request to invoke the right to CSW.
- 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.

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- Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify in writing how or where you wish to be contacted.
 - Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. 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 CSW. CSW will comply with the outcome of the review.
 - Right to request record clarification. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. CSW is not required to accept the information you propose.
 - 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 operation in the last six (6) years but not prior to January 1, 2009.
 - Right to a copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided a copy.
6. **SESSIONS.** Initial counseling session usually last 2 hours and thereafter 45-50 minutes. You may request longer sessions. Couple counseling sessions are 2 hours. Webcam sessions may be requested for remote locations. Confidentiality cannot be guaranteed for webcam sessions.
7. **SIDE EFFECTS AND OTHER POTENTIAL UNPLEASANTNESS:** Counseling is intended to alleviate problems and there is a wealth of supporting data to that effect. However, counseling is not always easy. You may find it necessary to discuss very personal information. You may find those conversations difficult and/or embarrassing. You may become anxious during and after such conversations. As you learn more about yourself, you may encounter increased conflict with friends, co-workers, and family members. Divorce is sometimes the outcome. It is possible, but unlikely, that you may become somewhat depressed. Occasionally, especially at first, as you get to the root of some things, you may feel them even more acutely than in the past. We may, within professional boundaries, ask you to do some new things or do them differently that might, at first, make you feel awkward or uncomfortable. You have the right to decline which may prolong your suffering. You are always free to move at your own pace. We will challenge you and your ways of thinking and doing things, but we cannot offer any promise about the results you will experience. The outcome will depend upon many things, including your willingness to experiment.

CSW specializes in general adult issues and couples counseling, especially with medical professionals in training. If we believe that your concerns require knowledge that we do not have, we may refer you for a consultation with someone with specific training or experience. We will discuss any such referral with you before so doing. At the beginning we will create a treatment plan, either verbal or written, with you. That is, we will examine what you would like to change, what we will do to create the change, how we will know you are succeeding and a general idea of how long it will take to change. We will periodically review the plan to see if it needs to be updated.

8. **TELEPHONE CALLS, EMAILS AND TEXTS.** Our phones are answered 24 hours a day either by an assistant or digital answering system. Through the business week, we check messages regularly during work hours. Whenever possible we return phone calls and emails the same day. If we have not returned your call/email within 24 hours, please call again as your message may have been lost. We do not check messages/emails after 5:00 p.m. on weekdays, or routinely on weekends. To every extent possible, we will inform you when we are away from the office and when we will return your call. Because we cannot guarantee confidentiality for emails or texts, consider email or text information at risk of unintended disclosure.
9. **PUBLIC PRIVACY:** We will not speak to you in public unless you acknowledge us first.

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10. GIFTS. Our office policy does not allow for the acceptance of personal gifts. You may, however, give a charitable donation specific to CSW through the IU Foundation.
11. EMERGENCIES. **If you have an emergency after 5 p.m. or on the weekend call 911, or go to your nearest emergency room.** Have emergency personnel call CSW and leave a voicemail at 317-274-8214. If you have not been contacted by the noon the next working business day, please call again as your call may have been lost. For information of providers by campus go to <http://msa.iusm.iu.edu/StudentDevelopment/personalcounseling.htm>
12. REQUIREMENT REGARDING THIS NOTICE. CSW is required to provide you with this Notice that governs our privacy practices. CSW 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 the CSW for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.
13. COMPLAINTS. If you believe your privacy rights have been violated you may file a written complaint with CSW. You will not be penalized or retaliated against in any way for making the complaint.

Contact Indiana University School of Medicine Counseling Services and Wellness if you have

- complaints
- any questions about this notice
- or wish to request restrictions on uses and disclosure for health care treatment or operations.

I _____ have read the above Information and understand Indiana University School of Medicine Counseling Services and Wellness Notice of Privacy Practices on _____ date.

Printed signature

Signature

Date _____

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