

Notice of Privacy Practices
Indiana University School of Medicine Counseling Services and Wellness
Indiana University School of Medicine
Effective 1/1/09

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

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.

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 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.

Date _____

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- 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.
 - 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.
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.
 - Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specific 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 incoreect or incomplete you may ask to add clarifying information. CSW is not required to accept the information you propose.

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- 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, 1009.
 - 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. **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.
7. **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 a**

- Complaint;
- Have any questions about this notice.
- 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.

Date _____

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