

**Notice of American University Counseling Center's
Policies and Practices to Protect the Privacy of Your Health Information**

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

Throughout this form, the terms "Counseling Center" and "Center" will both refer to the Counseling Center at American University.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The Counseling Center may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you. In the Counseling Center, this refers to your official clinical file, and this record is kept separate from any other university records.
- "Treatment, Payment and Health Care Operations"
 - Treatment is when the Counseling Center provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when a Center clinician consults with another health care provider, such as your family physician or another mental health provider.
 - Payment is when a Center clinician obtains reimbursement for your healthcare. **Counseling Center services are free to AU students; therefore your PHI would not be disclosed for this purpose.**
 - Health Care Operations are activities that relate to the performance and operation of AUCC services. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within the Counseling Center such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of the Counseling Center such as releasing, transferring, or providing access to information about you to other parties.
- "Authorization" is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Uses and Disclosures without Authorization

The Counseling Center may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse and Neglect* – If we know or have reasonable cause to suspect that a child known to a Center clinician in his/her professional capacity has been or is in immediate danger of being a mentally or physically abused or neglected child, we must immediately report such knowledge or suspicion to the appropriate authority.
- *Adult and Domestic Abuse* – If we believe that an adult is in need of protective services and is in danger of being abused or neglected by another person, we must immediately report this belief to the appropriate authorities.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under D.C. law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when we receive a valid subpoena or where the evaluation is court ordered. We will take steps to inform you in advance if this is the case.
- *Serious Threat to Health or Safety* – If we believe disclosure of PHI is necessary to protect you or another individual from a substantial risk of imminent and serious physical injury, we may disclose the PHI to the appropriate individuals.
- *Health Oversight Activities* – If the D.C. Board of Psychology is investigating the Center or our practice, we may be required to disclose PHI to the Board.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization, however, the disclosures listed above are the most common.

IV. Patient's Rights and Clinician's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example,

you may not want a family member to know that you being seen at the Center. On your request, we will not send letters to your home address.)

- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health records used to make decisions about you for as long as the PHI is maintained in the record. All requests must be made in writing. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. We shall notify you or your representative if we do not grant complete access. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. All requests must be in writing and should provide a reason to support the requested amendment. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Clinician's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If the Center's privacy policies and procedures are revised, we will post these on our website.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Traci Callandrillo, Director of the Counseling Center (202) 885-3500.

If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to:

Dr. Traci Callandrillo, Director
Counseling Center
American University
4400 Massachusetts Avenue NW
Mary Graydon Center 214
Washington, DC 20016-8150
(202) 885-3500

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on September 7, 2010.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain.