

## **You Have the Right to Receive this Notice**

You have a right to receive a paper copy of this Notice, in addition to posting of this notice at this facility.

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### **How to Complain About Our Privacy Practices**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with Renae Courtney, Psy. D., (Clinic Director), or Pat Dunleavy, Ph.D., (University Privacy Officer). You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

#### **Effective Date:**

This notice is effective on December 31, 2014.

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# **Notice of Privacy Practices**

*This pamphlet describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

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### **Marywood University Psychological Services Center**

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### **Our Duty to Safeguard Your Protected Health Information (PHI)**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when, and why we may use or disclose your

PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. You will be notified of any changes made to this Notice. This notice is also posted on our website: [www.marywood.edu/psc](http://www.marywood.edu/psc).

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### **How We May Use and Disclose Your PHI**

We use and disclose Protected Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity, we must have an agreement from the outside entity that the same degree of

protection will apply to your PHI. However, the law permits us to make some disclosures without your consent/authorization. The following describes potential uses/disclosures of your PHI:

### **Uses and Disclosures Relating to Treatment or Health Care Operations**

**For treatment:** We may disclose your PHI to psychologists on our faculty and graduate student therapists working at this facility. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment or to agencies involved in the provision or coordination of your care.

**For health care operations:** We may use your PHI in evaluating the quality of services provided.

**For research, training, & evaluation of graduate student performance:** We may use your PHI for evaluating graduate students and for training and research purposes. When this information is shared with

non-clinic staff (e.g., in a training offered by a faculty member, in a submission by a doctoral student to another agency when being considered for placement or employment, etc.), identifying information is disguised or removed to preserve confidentiality.

**Appointment reminders:** Unless you provide us with alternative instructions, we may make phone calls or send letters or other materials to your home.

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### **Uses and Disclosures of PHI Requiring Authorization**

For uses and disclosures beyond treatment and operations purposes of the university, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures, except for those which action has already been taken. The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We are required to report PHI about suspected child/elder abuse or neglect or in response to a court order.

**Specific reporting laws for children:** With reason to suspect, on the basis of professional judgment, that a child is or has been abused, we are required to report our suspicions to the authority or government agency vested to conduct child abuse investigations. We are required to make such reports even if we do not see the child in a professional capacity. We are mandated to report suspected child abuse if anyone aged 14 or older tells us that he or she committed child abuse, even if the victim is no longer in danger. We are also mandated to report suspected child abuse if anyone tells us that he or she knows of any child who is currently being abused.

**Relating to descendants:** We may disclose PHI relating to an individual's death if state or federal law requires that information for vital statistics or inquiry into cause of death.

**To avert threat to safety or health:** In order to avoid serious threat to health or safety, we may disclose PHI

to law enforcement when individuals are in imminent danger to themselves or identifiable others.

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### **Your Rights Regarding Your PHI**

You have the following rights to your PHI:

**To request restrictions on uses/disclosures:** you have the right to ask that we limit how we use/disclose your PHI. We will consider your request but are not bound to agree to the restriction. If we do agree to restriction, the agreement will be placed in writing and abided by, except in emergencies and when required by law.

**To choose how we contact you:** You have the right to ask that we send you information to an alternative address or by alternative means, provided it is reasonably easy for us to do so. You may also request that we do/do not contact you at specific numbers or leave messages.

**To inspect and request a copy of PHI:** Unless access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon written request. We will

respond to your request within 30 days. If this request is denied, you will be provided written reasons for this denial. If you desire copies of your PHI, a charge may be incurred for copying or mailing expenses.

**To request amendment to your PHI:** If you believe there is a mistake or missing information in your PHI, you may make written request to amend your PHI. We will respond, in writing, within 60 days. Your request may be denied if we determine the PHI is correct and complete, not created by us or part of our records, or if not permitted to be disclosed. If the request is approved, we will change the PHI and so inform you, and tell others that need to know about the change. All correspondence will be documented.

I have read and understand the Marywood University Psychological Services Center privacy policy.

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Client Signature