



**Counseling and Psychological Services, HC-162  
California State University, San Bernardino, CA 92407 (909) 537-5040**

## **Notice of Privacy Practices**

This notice describes Counseling and Psychological Services' policies and practices to protect the privacy of your health information. As members of both the higher education and health care communities, Counseling and Psychological Services (CAPS) has a unique obligation to respect the privacy of your health care record. Records at Counseling and Psychological Services are governed by the Federal Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). CAPS follows these standards to protect the privacy of your mental health information

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

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

Counseling and Psychological Services may *use* or *disclose* your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes without your *authorization*. To help clarify these terms, here are some definitions:

1. "*PHI*" refers to information in your health record that could identify you.
2. "*Treatment, Payment and Health Care Operations*"
  - *Treatment* is when CAPS provides services to you and coordinates your mental health care with other related health care services. An example of treatment would be when we consult with another health care provider, such as your physician or another therapist.
  - *Payment* in this case is not applicable, as CAPS does not charge for services.
  - *Health Care Operations* are activities that relate to the performance and operation of CAPS. Examples of health care operations are, quality assessment and improvement activities, and case management and care coordination.
3. "*Use*" applies only to activities within CAPS, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
4. "*Disclosure*" applies to activities outside CAPS, such as releasing, transferring, or providing access to information about you to other parties.
5. "*Authorization*" means your written permission for specific uses or disclosures.

### **II. Uses and Disclosures Requiring Authorization**

CAPS may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain written authorization from you before releasing this information. Psychotherapy notes about your conversations with counselors during therapy are kept separate from the PHI file at CAPS, and may only be released with a separate authorization. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time by notifying CAPS in writing. You may not revoke an authorization to the extent that CAPS has already relied on it in making an authorized use or disclosure.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

Counseling and Psychological Services may disclose information in accordance to federal, state or local laws without your authorization in the following circumstances:

**Child Abuse or Neglect:** If a counselor has knowledge of or observes a child in his or her professional capacity (or the judgment of a professional supervisor) or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect, that counselor is required by law to report this to the Department of Justice, a police or sheriff's department, the county probation department or the county welfare department (Child Protective Services).

**Elder or Dependent Adult Abuse:** If CAPS has reasonable cause to believe that an older or dependent adult is in need of protective services due to abuse (e.g. physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment resulting in physical harm, pain or mental suffering or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering), such may be reported to law enforcement or Adult Protective Services.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services CAPS provided you or the records thereof, such information is privileged under state law, and CAPS will not release the information without the written authorization of you or your personal or legally-appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or when the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, or make an actual threat of some specific violent act, CAPS has a duty to notify the potential victim and law enforcement authorities. If you are likely to harm yourself unless protective measures are taken CAPS will provide information to others involved in arranging hospitalization or other emergency services.

**Workers' Compensation:** If you file a claim for workers' compensation, you waive the psychotherapist-patient privilege and consent to the disclosure of your health information reasonably related to your injury or disease, to your employer, workers' compensation insurer, special fund, uninsured employers' fund and/or the administrative law judge.

### **IV. Patient Rights and CAPS's Duties:**

#### **Patient's Rights:**

**Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of PHI in CAPS's mental health records used to make decisions about you for as long as the PHI is maintained in the record. CAPS may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, CAPS will discuss with you the details of the request and the 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. CAPS may deny your request. On your request, CAPS will discuss with you the details of the amendment process.

**Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI. On your request, CAPS will discuss with you the details of the accounting process.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, CAPS is 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 are seeing us. Upon your request, we will send communications to another address.)

**Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of the notice from CAPS upon request, even if you have agreed to receive the notice electronically.

**CAPS Duties:**

Counseling and Psychological Services is required by law to maintain the privacy of PHI and to provide you with a notice of the Counseling Center's legal duties and privacy practices with respect to PHI.

Counseling and Psychological Services reserves the right to change the privacy policies and practices described in this notice. Unless CAPS notifies you of such changes, however, CAPS is required to abide by the terms currently in effect.

If Counseling and Psychological Services revises policies and procedures, notices will be posted at CAPS and you will be given a revised notice at your next appointment. In addition, CAPS will keep the most up-to-date notice posted on the website <https://www.csusb.edu/caps>

**V. Questions and Complaints**

If you have questions about this notice, disagree with a decision Counseling and Psychological Services makes about access to your records, or have other concerns about your privacy rights, you may contact Carolyn O'Keefe, Psy.D., Director of Counseling and Psychological Services at (909) 537-5040.

If you believe that your privacy rights have been violated and wish to file a complaint with Counseling and Psychological Services, you may send your written complaint to Carolyn O'Keefe, Psy.D., CAPS Director of Counseling and Psychological Services, 5500 University Parkway, HC-162, San Bernardino, CA 92407 or email at [Carolyn.okeefe@csusb.edu](mailto:Carolyn.okeefe@csusb.edu).

A written complaint could also be sent 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. Counseling and Psychological Services 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 July 1, 2014. Counseling and Psychological Services reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that Counseling and Psychological Services maintains.