

Confidentiality

We recognize that it is often difficult or uncomfortable for people to talk about issues that are of concern. The Counseling Center follows Confidentiality guidelines set by the American Psychological Association, the American Counseling Association, and the International Association of Counseling Services. The Counseling Center is also HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Family Educational Rights and Privacy Act of 1974) compliant.

Generally, information about a student is not released without written permission from the student. Exceptions include instances of suspected child abuse or when students are in danger of harming themselves or others. Upon making your first appointment with the Counseling Center, you will be given a copy of these privacy practices. Please feel free to ask any questions or discuss any concerns you have with the administrative staff.

Privacy Practices

It is important that you read and understand this information regarding how health information about you may be used, disclosed and accessed by you. Federal legislation requires that we issue this notice of our privacy practices.

Definitions

Protected health information: information in your health records that could identify you.

Use: Activities within our office such as sharing and examining information that identifies you.

Disclose: Activities outside of our office such as releasing, transferring or providing access to information about you to others.

Your Privacy Rights

You have the right to confidentiality of your protected health information.

We are required by law to maintain privacy of that protected health information and to abide by the terms of the Notice of Privacy Practices currently in effect, as well as to provide notice of legal duties and privacy practices regarding protected health information. Feel free to ask your counselor or the office manager any questions about this notice.

All staff of the Counseling Center at Columbus State University must abide by this notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared with others.

Without your specific consent or authorization, we may use or disclose health information about you:

For treatment : We may use or disclose protected health information about you to provide you with treatment or services. Treatment includes providing, coordinating or managing your health care and other services related to your health. An example of treatment would be when we consult with another health care provider, such as your physician or psychiatrist.

For health care operations : We may use and disclose information about you for health care operations to assure that quality care was received by you. For example, we may use your health information to review our treatment and services and evaluate the performance of our staff who care for you.

Other uses/disclosures : We may use or disclose protected health information without your consent or authorization in the following situations:

- Child abuse,
- Adult and domestic abuse – disabled and elderly adults who have been intentionally injured, neglected or exploited,

- (Legal) Judicial and administrative proceedings – If you are involved in a court proceeding and a request for records or information is made to us about your treatment/services, such information is privileged under state law, and we will not release information without your written consent or a court order,
- Serious threat to health or safety,
- Workers' Compensation,
- Health oversight activities – If we are subject to an inquiry by the Georgia Board of Psychological Examiners, we may be required to disclose protected health information regarding you in proceedings before the board.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses, Disclosures of Protected Health Information Requiring Written Authorization

We will require your written authorization to use or disclose protected health information not covered by this notice or the laws that apply to us. Should you give us this authorization, you may revoke it, in writing, at any time. Thereafter, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that we are not able to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.

Your Individual Rights Regarding Your Private Health Information

Complaints : If you believe that your privacy rights have been violated, you may file a complaint with your counselor, the office manager or with the secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

Right to request restrictions : You have the right to request a restriction on the health information we use or disclose about you for treatment or health care operations or to someone who is involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request to your counselor or the office manager. In your request, you must tell us what information you want to limit.

Right to request confidential communications : You have the right to request how we should send communications about your health, and where you would like those communications sent. To request confidential communications, you must make your request with your counselor or the center's office manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it imposes an unreasonable burden on the Counseling Center.

Right to inspect and copy : You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes health records, but does not include psychotherapy notes, information compiled for use in a civil, criminal or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy health information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional in the Counseling Center will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to amend : If you feel the health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept. An amendment must be requested in writing and must include a reason that supports your request and be submitted to your counselor or the office manager, otherwise your request may be denied. We may also deny your request if the information was not created by us, is not part of the health information kept at the Counseling Center, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement

and will provide you with a copy of the rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of our record.

Right to an accounting of non-standard disclosures : You have a right to request a list of all disclosures of health information about you. You must submit a request to your counselor or the office manager, stating the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Indicate the form (paper, electronic) in which you want the information. The first list you request within a 12-month period will be free. For additional lists, we reserve the right to charge you for the cost of providing the list.

The Counseling Center reserves the right to change the terms of this Notice of Privacy Practices and to make new provisions effective for all protected health information that we maintain. You may request the current Notice of Privacy Practices at any time.