Notice of Client Privacy Practices

Effective July 23, 2013

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

If you have questions or comments regarding this notice please contact the University of North Dakota Counseling Center (UCC) at the above-mentioned address or telephone number. All requests, notifications, and complaints should be submitted to UCC, Attention: the Director.

Who Does this Notice Apply to?
This notice has been published by the UCC. It applies to everyone who works for the UCC, including all of our employees, contractors, information technology services, work-study students and volunteers.

Why Do We Publish this Notice?
As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information that we gather and use about you and all of the clients we serve, and to provide you with notices of our legal duties and privacy practices with respect to your information.

We are committed to the privacy of our clients’ information. However, in order to serve you we need to obtain, secure and utilize records of this information. We occasionally need to share information with other healthcare providers. This notice is intended to inform you how we use and disclose information about you.

This notice is also to inform you about certain legal rights you have with respect to the information we secure about you. You have certain rights to review and copy your records of information. You may also request that we amend these records, and ask us to account for certain disclosures we may have made of information about you.

When Does This Notice Become Effective?
We are required to comply with the terms of this notice while it is in effect. We reserve the right to change the terms of this notice, and make the new terms effective for all information to which this notice applies. This notice will be in effect from April 14, 2003, until the date we publish an amended notice. If we do publish an amended notice, we will notify you of the amendment at your next appointment at the UCC. We will also publish this information on our website at http://www.und.nodak.edu/dept/counsel/homepage.htm., or a copy may be requested by contacting us at the above-mentioned telephone number or address.

What Information Does This Notice Cover?
This notice covers all information in our written or electronic records which concerns you, your healthcare, and payment for your healthcare.

Uses and Disclosures of Protected Health Information.
How we may use and disclose medical information about you:
We can use or disclose information about you for the following purposes:
1. Treatment. We may use or disclose information about you for treatment purposes to doctors, counselors, therapists, or other individuals who work in our agency which is involved in providing your healthcare.
   a. For example, we may wish to review the quality of care you receive in order to help us deliver the best care we can. Or, we may review our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for healthcare operations in other ways.

2. Health Care Operations. We may use or disclose information about you in connection with the operation of our practice. These activities may include practice quality improvement, training of graduate students, medical or legal review, and business planning or administration of our practice. For example, to deliver quality care to you, we may wish to review the quality of care you receive. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for healthcare operations in many other ways.

Without Your Written Consent:
We may only disclose information about you without your consent for the following purposes:
1. It is determined you are a threat to yourself or another person.
2. In the event of suspected child abuse, to the appropriate governmental agency.
3. In other cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority, with your agreement or if required by law, or if you are incapacitated or it appears necessary to prevent serious harm to you or others.
4. In litigation, subject to certain requirements controlling the terms of the disclosure.
5. For psychological research purposes, subject to your authorization or approval by an institutional review board.
6. There is a medical emergency.
7. North Dakota law requires that mental health professionals are mandated to report as soon as possible instances of a vulnerable adult being "subject to conditions or circumstances that would reasonably result in abuse, neglect or exploitation of vulnerable adults."

Reminders, Marketing and Research:
We may send you information to support your healthcare, including appointment reminders, information about alternative treatments, health related services which may be of interest to you and, follow-up surveys. Please advise us if you do not wish to receive such communications and we will not use or disclose your information for such purposes. If you wish not to receive this kind of communication, you must advise us in writing or contact the address mentioned above.

We may not use or disclose information about you for any other purpose without your written authorization, providing separately from your written consent.

What Legal Rights Do You Have in Connection to Your Health Information?
By law, you are entitled to:

Request a Restriction
Ask us to further restrict our use and disclosure of information about you. We are not required to grant such as request, but if we do, we must be clear on the restrictions that are implemented.

Confidential Communications
Receive confidential communication from us, at an alternative address until you provide that information to us.

Request a Summary of Your Care
You may receive from your counselor or therapist a summary of your counseling start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Right to Obtain Accounting of Disclosures
Obtain an accounting of all persons to which we have disclosed information about you, for any purpose except your treatment or our healthcare operations.

Right to Revoke Consent For Treatment and Health Care Operations
If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address mentioned above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received such a request.

Right to Revoke Consent
You may revoke your consent to uses and disclosures for treatment and healthcare operations purposes at any time. You may revoke your consent by giving us a written notice at our contact address mentioned above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occur before we have received your request. If you revoke your consent, we may elect to discontinue your healthcare treatment.

Right to File a Complaint
If you believe we have violated your privacy rights, you may forward us a written complaint to our contact address mentioned above. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint we are legally prohibited from retaliating against you.

Complaints can be submitted to:
Region VIII
Office for Civil Rights
U.S. Dept. of Health and Human Services
1961 Stout Street, Room 1185 FOB
Denver, CO 80294-3538
Phone: (303) 844-2025 Fax: (303) 844-2025
TDD (303) 844-3439

Confidentiality
As a matter of professional ethics and legal requirements, all communications between you and our counselor/psychologist are confidential. No information about you will be released outside the UCC without your written permission. The EXCEPTIONS to this are listed under Without Your Written Permission. In the event of such a situation, the UCC will make every effort to discuss it with you prior to taking any action.

The UCC staff find it helpful to consult with other professionals to better serve you. During consultation, the identity of clients is concealed and confidentiality is maintained. In addition, the UCC keeps a record of your visits to the UCC. This record contains all the information you completed prior to your intake appointment, notes summarizing your sessions, any psychological test data, and other information you may provide for us. The secured electronic records are kept and maintained for seven years following your last visit, after which they will be deleted. If you have any questions regarding consultation or records, please ask your counselor.