

STONY BROOK UNIVERSITY UNIVERSITY COUNSELING CENTER

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW COUNSELING CENTER INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Notice Of Privacy Practices

I. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR COUNSELING CENTER RECORD (PROTECTED HEALTH INFORMATION OR "PHI")

We are legally required to protect the privacy of counseling/health information that may reveal your identity. This information is commonly referred to as "protected health information," or "PHI" for short. It includes information that can be used to identify you that we have created or received about your past, present or future health/mental health and the provision of counseling/mental health care to you. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI.

With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. University Counseling Center (UCC) privacy policies and practices meet the standard of "special privacy protection" for mental health information under federal (HIPAA) and NY State law. We use the term "Protected Health Information" or "PHI" to include mental health information.

Please note, however, that special privacy protections apply to HIV/AIDS related information and alcohol and substance abuse treatment information, which are not set forth in this Notice. These protections will be described in separate notices. To request copies of these notices, please contact the person listed in Section V below.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice at any time from the contact person listed in Section VI below, by calling our office, at your next visit, or you can view a copy of the notice on our Web site at <http://studentaffairs.stonybrook.edu/counsel/>

II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We "use" and "disclose" PHI for many different reasons. We "use" your PHI within the UCC and "disclose" your PHI whenever you need us to give information about you to someone outside the UCC. For some of these uses or disclosures, we need your prior consent or specific authorization. Below we describe the different categories of our uses and disclosures and give you some examples of each category.

During your "intake" (first appointment), you will be asked to sign a statement permitting UCC staff to use your protected health information for purposes of Treatment and Health Care Operations (administration within the center.) A description of each of these uses is described as follows.

- A. Uses and Disclosures Relating to Treatment or Counseling Center Operations.** We may use and disclose your PHI for the following reasons:
- 1. For treatment.** We may use your PHI among UCC staff and interns who provide you with counseling services or are involved in your care on a "need to know" basis. For example, if you're being treated for depression, your UCC therapist may disclose your PHI to the UCC psychiatrist in order to coordinate your care. If your therapist is an intern, he/she discusses your care with a UCC senior staff supervisor.
 - 2. Student Health Services.** Information disclosed to Student Health Services professional staff will be limited to the information necessary to accomplish the purpose of the disclosure. We will discuss this with you in advance and a notation of the disclosure will be included in the UCC record. For example, if you are prescribed medication by the UCC psychiatrist, you may need lab tests performed by Student Health Services.
 - 3. Minors.** In non-emergency situations, consent for the outpatient treatment of an unemancipated minor may be obtained from the patient's parents or guardian unless to do so would be detrimental to the treatment. The staff of the UCC may disclose PHI about an unemancipated minor to a parent or legal guardian as specified in NY State law.
 - 4. For health care operations.** We may use your PHI in order to operate the Counseling Center, e.g. to evaluate the quality of counseling services that you received or to evaluate the performance of the professionals who provided counseling services to you. We may also provide your PHI to our University attorneys in order to make sure we're complying with the NY and federal laws that affect us.

B. Uses And Disclosures That Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:

1. When a disclosure is required by federal, state or local law, judicial or administrative proceeding or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence or when ordered by a court in a judicial or administrative proceeding.

For public health activities. For example, we may report PHI to public health authorities to prevent injury or disability or to the Food and Drug Administration concerning reactions to medications.

2. Victims of Abuse, Neglect or Domestic Violence. We may release your PHI to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you or a child in your custody have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

3. Emergency Situations. We may use or disclose your PHI if you need emergency treatment and we are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after providing or arranging for treatment.

4. To avoid harm. In order to avoid a serious threat to the health or safety of you, another person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm including a parent or emergency contact person named by you.

5. Law Enforcement. We may disclose your PHI to law enforcement officials for any of the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers, e.g. with identifying or locating a missing person;
- If you have been the victim of a crime and we determine that:
 - (1) we have been unable to obtain your consent because of an emergency or your incapacity;
 - (2) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect a patient's death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property.

6. Military and Veterans. If you are in the Armed Forces, we may disclose your PHI to appropriate military command authorities for activities they deem necessary to carry out their military mission, usually with your signed consent. We may also release health information about foreign military personnel to the appropriate foreign military authority.

7. For research purposes. We ask for your written authorization before using your PHI for research purposes. However, in certain, limited, circumstances, we may use and disclose your PHI without consent or authorization if we obtain approval through a special process to ensure that such research poses little risk to your privacy.

8. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives or other counseling services or benefits we offer and/or provide.

9. De-identified Information. We may also disclose your PHI if it has been de-identified or if no one could connect it back to you.

10. Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during, or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a counseling session, other patients in the Counseling Center may see, or overhear discussion of your PHI.

C. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in section IIA, B and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any actions relying on the authorization).

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

- B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to at an alternate address or by alternate means. We must agree to your request so long as we can easily provide it to the location and in the format you request.
- C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have. You must make the request to the UCC director in writing. We will respond to you within 30 days after receiving your written request. In certain situations such as foreseeable harm, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.
If you request copies of your PHI, we may charge you a modest fee for copying. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the associated cost in advance.
- D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already been informed of, such as those made for treatment or UCC operations, disclosures directly to you, or at your written request. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before January 1, 2004. (The Counseling Center keeps all written requests to release information from you as part of your official record.)

Your request must state a time period for the disclosures you want us to include. We will respond within 30 days of receiving your request. The list we will give you will include up to six years of disclosures (with the oldest date being January 1, 2004) unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same calendar year, we will charge you for each additional request.
- E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information in the form of a written "addendum". You must provide the request and your reason for the request in writing to the Director of the University Counseling Center. We will respond within 30 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reason for the denial and explain your right to file a written disagreement with our denial. If you do not file a disagreement, you have a right to ask us to attach your original request for a correction and our denial to all future disclosures of your PHI. If we approve your request for a correction, we will make the change/addendum to your PHI, tell you that we have done it and tell others that need to know about the change to your PHI.
- F. The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of this notice.

To invoke any of these rights, please contact your local State University of New York campus. A complete listing of campuses can be viewed at: <http://www.suny.edu/student/visitcampus/campuslisting.cfm>. Clicking on your specific campus will take you to that campus internet homepage and provide you the specific Notice of Privacy Practices for that campus. The website address for the University Counseling Center is: <http://studentaffairs.stonybrook.edu/counsel/>

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think 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 the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at:

US Department of HHS Government Center
John F. Kennedy Federal Building- Room 1875
Boston, Massachusetts 02203

Telephone number: 617-565-1340
Fax number: 617-565-3809
TDD: 617-565-1343

We will take no retaliatory action against you if you file a complaint about our privacy practices.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us by writing:

Director,
University Counseling Center
Stony Brook University
Stadium Road
Stony Brook, NY 11794-3100

VI. EFFECTIVE DATE OF THIS NOTICE

This notice is effective as of January 1, 2004