



## Psychological Service Center

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

### **Protecting Your Personal and Health Information**

The University of South Carolina (USC) and the Psychological Service Center (PSC) are committed to protecting the privacy of client personal and health information. Applicable Federal and State laws require us to maintain the privacy of our clients' personal and health information. This Notice explains our clinic's privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as "health information" and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, income or other financial information. We will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect November 1, 2007 and will remain in effect until replaced.

### **How We Protect Your Health Information**

We protect your health information by:

- Treating all of your health information that we collect as confidential.
- Stating confidentiality policies and practices in our clinic staff handbooks, as well as disciplinary measures for privacy violations.
- Restricting access to your health information only to those clinical staff who need to know your health information in order to provide our services to you.
- Only disclosing your health information that is necessary for an outside service company to perform its function on the clinic's behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

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

The PSC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes, as long as you have given your consent to receive evaluation or treatment services from the clinic. To help clarify these terms, here are some definitions:

- *“Treatment, Payment, and Health Care Operations”*  
Treatment is when a clinician provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when a clinician consults with another health care provider, such as your family physician. Payment is when a clinician obtains reimbursement for your healthcare. Examples of payment are when the Clinic discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. *Health Care Operations* are activities that relate to the performance and operation of the Clinic. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, conducting training and educational programs or accreditation activities.
- *“Use”* applies only to activities within the Psychology Clinic such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- *“Disclosure”* applies to activities outside of the Clinic, such as releasing, transferring, or providing access to information about you to other parties.

## **Uses and Disclosures Requiring Authorization**

The PSC may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the Clinic is asked for information for purposes outside of treatment, payment or healthcare operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the clinic has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage; law provides the insurer the right to contest the claim under the policy

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

The PSC may use or disclose PHI without your consent or authorization in the following circumstances:

- *Abuse* – If we have reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, or neglected, the Clinic must report

this concern or observations related to these conditions or circumstances to the appropriate authorities.

- *Health Oversight Activities* – If the South Carolina Board of Psychological Examiners is investigating a clinician that you have filed a formal complaint against, the Clinic may be required to disclose protected health information regarding your case.
- *Judicial and Administrative Proceedings as Required* – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, we may be compelled to provide the information. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order the clinic to disclose personal health or treatment information. The Clinic will not release information without your written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party (e.g. Law enforcement agency or Social Security) or where the evaluation is court ordered.
- *Serious Threat to Health or Safety* – If you communicate to clinic personnel an explicit threat of imminent serious physical harm or death to identifiable victim(s), and we believe you may act on the threat, we have a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If we have reason to believe that you present a serious risk of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.
- *Worker's Compensation* – The Clinic may disclose protected health information regarding you as authorized by, and to the extent necessary, to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- *National Security*- We may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.
- *Research*- Under certain limited circumstances, we may use and disclose health information for research purposes. All research projects, however, are subject to an institutional review board.

### **Patient's Rights and Psychologist's Duties**

#### Patient's Rights:

- *Rights to Request Restrictions* – You have the right to request additional restrictions on certain uses and disclosures of protected health information. The Clinic may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.

- *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 being seen at the Clinic. On your request, the Clinic will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of your clinic health records. A reasonable fee may be charged for copying or, if necessary, redacting the record. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.
- *Right to an Accounting* –You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.
- *Electronic vs. Paper Copy* – If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from the Clinic upon request.

### **PSC Duties:**

- The PSC is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices.
- The Clinic and University reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, the Clinic is required to abide by the terms currently in effect.

### **Other Restrictions**

- The Psychology Clinic must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.
- In addition, couples and families seeking conjoint treatment sign a supplemental consent indicating they understand that the record of treatment services provided

will not be released without authorization from all adults present. If one individual insists on their right to review and copy the record, the record would have to be redacted because to protect the release of information about others when a private record is released to an individual.

### **Changes to this Notice**

The USC Psychology Clinic and the University reserve the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make such changes, we will update this Notice and post the changes in the waiting room or lobby of the facility. The notice is also posted on our website at [http://www.cas.sc.edu/psyc/grad\\_psyc/ccpsc.html](http://www.cas.sc.edu/psyc/grad_psyc/ccpsc.html). You may request a copy of the Notice at any time.

### **Questions and Complaints**

For questions regarding this Notice or our privacy practices, please contact the PSC.

If you are concerned that your privacy rights may have been violated, you may contact the PSC Privacy Officer listed below to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request.

If you choose to make a complaint with us or the U.S. Department of Health and Human Services, we will not retaliate in any way.

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