

**CALIFORNIA BAPTIST UNIVERSITY
COUNSELING CENTER
HIPAA Notice of Privacy Practices**

This notice describes how mental health and medical information about you may be used and disclosed and how you can obtain access to this information.

Please review it carefully.

We are required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practice (“Notice”). We must abide by the terms of this Notice, and we must notify you if a breach of your unsecured PHI occurs. We reserve the right to change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

Except for the specific purposes set forth below, we will use and disclose your PHI only with your written Authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving us written notice of your revocation. If you revoke your Authorization, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, the revocation will not be effective for information that we have already used and disclosed in reliance on the Authorization.

I. Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Written Consent.

We may use and disclose your PHI without your Authorization for the following reasons:

- **For your treatment.** We may use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, we can disclose your PHI to him or her to help coordinate your care, although our preference is for you to give us an Authorization to do so.
- **To obtain payment for your treatment.** We may use and disclose your PHI to bill and collect payment for the treatment and services provided by us to you. For example, we might send your PHI to your insurance company to obtain payment for the health care services that we have provided to you, although our preference is for you to give us an Authorization to do so.
- **For health care operations.** We may use and disclose your PHI for purposes of conducting health care operations pertaining to our practice, including contacting you when necessary. Other examples of health care operations are business-related matters such as audits and administrative services, and disclosing PHI to an attorney to obtain advice about complying with applicable laws.

II. Uses and Disclosures Requiring Authorization

In the following cases we never share your information, unless you provide us with written permission:

- **Psychotherapy Notes.** We do not retain “psychotherapy notes” as defined in 45 CFR § 164.501; rather, we retain a record of your treatment and you may request a copy of such record at any time, or you may request that we prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.
- **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes.
- **Sale of PHI.** We will not sell your PHI in the regular course of our business.

Other uses and disclosures of PHI not covered by this Notice will be made only with your written Authorization.

III. Uses and Disclosures Requiring Neither Consent nor Authorization

We are allowed or required to share your information in certain ways that contribute to the public good, such as public health and research, even without your Authorization. We have to meet many conditions of the law before we can share your information for these purposes. For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. Situations in which we may disclose your PHI without your Authorization include:

- When disclosure is required by **state or federal law**, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For **public health activities**, including reporting suspected child, elder, or dependent adult abuse or neglect, or preventing or reducing a serious and imminent threat to anyone's health or safety.
- For **health oversight activities**, including audits and investigations.
- For **judicial and administrative proceedings**, including responding to a court or administrative order, or responding to a subpoena, although our preference is to obtain an Authorization from you before doing so.
- For **law enforcement purposes**, including to identify or locate a suspect, fugitive, material witness, or missing person; in response to a law enforcement official's request for information about a victim or suspected victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement; to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
- To **coroners, medical examiners, and funeral directors**, when such individuals are performing duties authorized by law.
- To respond to **organ and tissue donation requests** if you are an organ donor, in which case we can share health information about you with organ procurement organizations.
- For **research purposes**. All research projects are subject to a special review process and the confidentiality requirements of state and federal law.
- **Specialized government functions**, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
- If you are an **inmate of a correctional institution or under the custody of law enforcement officials**, we may release information about you to the correctional institution as authorized or required by law.
- For **workers' compensation purposes**, such as workers' compensation claims. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- **Appointment reminders and health related benefits or services**. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

IV. Uses and Disclosures That You Have the Opportunity to Object

For certain health information, you may choose what we are allowed to share. If you have a clear preference for how your information is shared in the situations described below, please notify us with your instructions.

- The release of your information in a disaster relief situation
- Including your information in a hospital directory
- Contacting you for fundraising efforts

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

For the above situations, if you are incapacitated or unable to inform us of your preference, we may proceed with the disclosure of your information if we believe it is in your best interest. We may also disclose your information, when needed, to lessen a serious and imminent threat to health or safety.

V. Client's Rights

You have the following rights with respect to your PHI:

- **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may refuse your request if we believe it would affect your health care or if there are certain uses/disclosures that we are legally required or permitted to make. To request a restriction, you must make your request in writing to the CBU Counseling Center.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. We will agree unless a law requires us to share that information.
- **The Right to Receive Confidential Communications by Alternative Means at Alternative Locations.** You have the right to request and to receive confidential communications of PHI by alternative means and at alternative locations. For example, you can designate that we send bills to a different address. We will agree to all reasonable requests.
- **The Right to Inspect and Obtain Copies of Your PHI.** Other than “psychotherapy notes” and with certain exceptions, you have the right to inspect and/or obtain an electronic or paper copy of your medical record and other information that we possess, as long as the PHI is contained in your record. To inspect and/or receive a copy of your record, you must submit your request in writing to the CBU Counseling Center. We may deny your request to inspect and/or receive a copy in certain limited circumstances. If you are denied access to your record, in most cases you may have the denial reviewed. Another licensed health care professional chosen by CBUC will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review. If your request is approved, we will provide you with a copy of your record, or a summary of your record if agreed upon, within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for doing so.
- **The Right to Obtain an Accounting of the Disclosures We Have Made.** You have the right to request a list of certain disclosures we have made of your PHI other than those made for treatment, payment, or health care operations (as discussed in section III of this Notice) or for which you have provided us with an Authorization. To request an accounting of disclosures, you must submit your request in writing to the CBU Counseling Center. Your request must state a time period not to exceed the six prior years. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. We will provide the list to you at no charge. Additional requests made within a calendar year will be charged a reasonable cost-based fee.
- **The Right to Amend or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that

we correct the existing information. Your request for amendment must be made in writing and submitted to the CBU Counseling Center. You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that supports the request. We may deny your request if it is not in writing, if the information change you are requesting is unclear, or if your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that was not created by the CBU Counseling Center, is not part of the health information kept by or for the CBU Counseling Center, is not part of the information which you would be permitted to inspect and copy, or the CBU Counseling Center believes it to be accurate and complete. If we chose to deny your request, we will inform you as to the reason in writing within 60 days of receiving your request. To submit an addendum, the addendum must be made in writing and submitted to the CBU Counseling Center.

- **The Right to be Notified of a Breach of Unsecured PHI.** You have the right to receive notification if we discover a breach of unsecured PHI about you.
- **The Right to Obtain a Paper or Electronic Copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Upon notice, we will promptly provide you with a paper copy.

VI. Complaints

If you have any questions about this Notice, please contact the Director of the California Baptist University Counseling Center.

Physical address: California Baptist University Counseling Center
3626 Monroe St.
Riverside, CA 92504

Mailing address: California Baptist University Counseling Center
8432 Magnolia Ave
Box #1152
Riverside, CA 92504

If you believe that your privacy rights have been violated, you may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. To file a complaint contact:

Phone: 1-877-696-6775

Mailing Address: U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Website: www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized for filing a complaint.

This Privacy Notice is effective on May 6, 2017.