

Notice of Privacy Practices

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

Your counseling record contains personal information about you. State and federal law protects the confidentiality of this information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future mental health.

Your Rights Regarding Your PHI

You have the following rights regarding PHI that is maintained about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy PHI that may be used to make decisions about your care.

Right to Amend. If you feel that the PHI your counselor has about you is incorrect or incomplete, you may ask your counselor to amend the information although the counselor is not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of disclosures that are made of your PHI.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use of your PHI for treatment. The counselors are not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that your counselor communicates with you about counseling matters in a certain way or at a certain location. Your counselor will accommodate reasonable requests and will not ask why you are making the request.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Right of Complaint. You have the right to file a complaint in writing with your counselor, his or her supervisor, or with the Secretary of Health and Human Services if you believe that your counselor has violated your privacy rights. Your counselor will not retaliate against you for filing a complaint.

Uses and Disclosures of PHI for Counseling

Treatment. Your PHI may be used and disclosed by your counselor for the purpose of providing, coordinating, or managing your counseling treatment and any related services. This may include coordination or management of your counseling treatment with other health care providers or referral to another provider for health care services.

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law. Your counselor may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Your counselor also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

Abuse or Neglect. Your counselor may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, information that your counselor might disclose is limited to only that information which is necessary to make the initial mandated report. Your counselor may disclose PHI regarding deceased students for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Threat to Health or Safety. Your counselor may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety to the public or another person.

Criminal Activity on the UWB/CCC Campus/Against Your Counselor, University Personnel, Students, or Visitors. Your counselor may disclose your PHI to law enforcement officials if you have committed a crime on the UWB/CCC premises or against faculty, staff, students, or visitors therein.

Compulsory Process. Your counselor will disclose your PHI if a court of competent jurisdiction issues an appropriate order. Your counselor will disclose your PHI if you and the counselor have each been notified in writing at least fourteen days in advance of a subpoena or other legal demand, and no protective order has been obtained, and your counselor has satisfactory assurances that you have received notice of an opportunity to have limited or quashed the discovery demand.

Uses and Disclosures of PHI With Your Written Authorization. Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization at any time, unless your counselor has taken an action in reliance on the authorization of the use or disclosure you permitted.

This Notice

This *Notice of Privacy Practices* describes how your counselor may use and disclose your protected health information (“PHI”) in accordance with all applicable laws. It also describes your rights regarding how you may gain access to and control you PHI. Your counselor is required by law to maintain the privacy of PHI and to provide you with notice of his or her legal duties and privacy practices with respect to PHI.

Your counselor is required to abide by the terms of this *Notice of Privacy Practices*. Your counselor reserves the right to change the terms of this *Notice of Privacy Practices* at any time. Any new *Notice of Privacy Practices* will be effective for all PHI that your counselor maintains at that time. Your counselor will make available a revised *Notice of Privacy Practices* by posting a copy on the University of Washington Bothell Counseling Services website at http://www.uwb.edu/students/services/counseling/privacy_practice.pdf , sending a copy in the mail to you upon request, or providing one to you at your next appointment.

