

Notice of Policies & Practices to Protect the Privacy of a Patient's Health Information

EFFECTIVE MAY 17, 2022

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE:

The Psychological Services Center (PSC) and its professional staff, employees, and trainees follow the privacy practices described in this notice. PSC keeps your mental health information in records that will be maintained and protected in a confidential manner. Please note that in order to provide you with the best possible care, all professional staff involved in your treatment/assessment and employees involved in the health care operations of the PSC may have access to your records. This Notice of Privacy Practices describes how we may use and disclose your "Protected Health Information" or "PHI" to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law. "Protected Health Information" or "PHI" is information about you or your minor child, including demographic data such as name, address, phone numbers, etc., that may identify you or your minor child and that relates to your or your minor child's past, present or future physical or mental health and related healthcare services.

We understand that PHI about you is personal and confidential, and we are committed to protecting its confidentiality. We create a record of the care and services you receive at the PSC to enable us to provide such services and to comply with legal requirements. We are required by law to provide this Notice and to maintain the privacy of PHI. We must abide by the most current version of this Notice, and we reserve the right to change the privacy practices described in it, with such changes to be effective for all PHI that we maintain. You may receive a current copy of this Notice at any time.

II. USES, DISCLOSURES FOR TREATMENT, PAYMENT, & HEALTH CARE OPERATIONS:

The PSC may *use* or *disclose* your PHI for *treatment, payment, & healthcare operations* purposes with your consent. To help clarify these terms, here are some definitions:

- "Use" applies only to activities within the clinic such as sharing, employing, applying, utilizing, examining, & 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.
- "Treatment, Payment, & Healthcare Operations"
 - *Treatment* is the provision, coordination, or management of your healthcare & other services related to your health care. An example of treatment would be consultation with another healthcare provider, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare.
 - *Healthcare Operations* are activities that relate to the performance & operation of the PSC. Examples of healthcare operations are quality assessment & improvement activities, business-related matters such as audits & administrative services, & case management & care coordination.

III. HOW DOES THE PSC USE & DISCLOSE MY INFORMATION?

The record that is maintained by clinicians at the PSC will be designated as your mental health record and may include the following: information pertaining to medication prescription and monitoring; therapy/assessment session start and stop times; the modalities and frequencies of treatment/assessment furnished; results of clinical tests and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Your personal mental health record will be retained by the PSC for approximately ten (10) years for adults, or ten (10) years following a child's 18th birthday, after your last clinical contact with the agency. After that time has elapsed, the record will be destroyed in a way that protects your privacy.

Until the records are destroyed, we may use or disclose PHI without your consent or authorization in the following circumstances:

- **Abuse, Neglect, or Domestic Violence:** We must disclose PHI about you to government authorities that are authorized by law to receive reports of suspected abuse, neglect, or exploitation of children or vulnerable adults, or suspected domestic violence. "Vulnerable adult" means a person 18 years of age or older, or any minor whose ability to perform the normal activities of daily living or to provide their own care or protection is impaired due to mental, emotional, physical or developmental disability or dysfunction, or brain damage or infirmities of aging.

- **Health Oversight Activities:** The Mississippi Board of Psychology may subpoena records from the PSC relevant to disciplinary proceedings & investigations.
- **Judicial & Administrative Proceedings:** We may disclose PHI about you in the course of any judicial or administrative proceeding and in response to a court order, subpoena, discovery request or other lawful process. If you are involved in a court proceeding and a request is made for information about the professional services, diagnosis, or treatment that were provided at the PSC, and/or the records thereof, such information is privileged under state law, information will not be released without your consent or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.
- **Serious Threat to Health or Safety:** If you communicate an actual threat of physical violence against a clearly identified or reasonably identifiable potential victim or victims, we must disclose this information to the potential victim or victims, law enforcement, or the parent or guardian if the potential victim is a minor.
- If otherwise indicated by state or federal law.

IV. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.**

Except as described previously, we will not use or disclose PHI from your record unless you sign a written authorization allowing us to use or disclose PHI about you in a specific situation. You can later contact the PSC to revoke your authorization in writing. The revocation will not apply to PHI about you that has already been used or disclosed in reliance on your authorization. Upon receiving your written revocation, we will not use or disclose PHI about you, except for disclosures already in process. An authorization is required before releasing your psychotherapy notes. "Psychotherapy notes" are notes made about conversations during a private, group, joint, or family therapy session, which are kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

V. **YOU HAVE RIGHTS REGARDING YOUR HEALTH INFORMATION:**

- **Right to request restriction.** You may request restrictions on certain uses and disclosures of PHI, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to receive confidential communication.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (e.g., sending mail to a different address to prevent certain family members from knowing).
- **Right to inspect and copy.** You have the right to inspect and/or obtain a copy your PHI used to make decisions about your care for as long as the PHI is maintained in the record. We may charge a fee for copying, mailing, and supplies. Under certain circumstances, we may deny your request. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional from the PSC who was not involved in the original denial decision. The PSC will comply with the outcome of the review.
- **Right to request clarification of record.** You may request, in writing, an amendment be made to your PHI for as long as the PHI is maintained in the record, and provide a reason that supports your request. We are allowed to deny your request.
- **Right to an accounting.** You have the right to obtain a record ("accounting") of certain disclosures of PHI.
- **Right to breaches.** You have the right to receive notice of any breach of unsecured PHI.
- **Right to copy this notice.** You may request a paper copy of this notice at any time, even if you have been provided with a copy previously or have agreed to receive the notice electronically.

You may exercise any of the above rights by contacting the Psychological Services Center at 662-915-7385 or by mail at Psychological Services Center, G-382 Kinard Hall, University of Mississippi, P.O. Box 1848, University, MS 38677.

VI. **PSC RESPONSIBILITIES:** We are required by law to protect the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We will obtain your general consent for some uses and disclosures of PHI about you, for other uses and disclosures of PHI about you we will obtain your authorization, and, in some circumstances, we may. The PSC may change its policies or procedures in regards to privacy practices. If and when changes occur, the changes will be effective for PHI we have about you as well as any information we receive in the future. If the PSC revises the policies and procedures, we will make these revisions available to you at the next scheduled appointment.

VII. **COMPLAINTS:** If you believe your privacy rights have been violated, you may contact the clinic director you may send a written complaint to the Secretary of the US Department of Health & Human Services Contact information can be found at the website for the Office of Civil Rights (<https://www.hhs.gov/ocr>). If you file a complaint, we will not take any action against you or change our treatment of you in any way.