

Ohio Wesleyan University
Counseling Services
Hamilton-Williams Campus Center
Room 324
(740) 368-3145

***NOTICES OF PRIVACY PRACTICE
ACKNOWLEDGEMENT FORM***

I acknowledge that I have received an opportunity to review the Notice of Privacy Practices of OWU Counseling Services. I further acknowledge that a copy of the Notice of Privacy Practices has been offered to me.

Signature _____

Printed Name _____

Date _____

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.

The Ohio Wesleyan University Counseling Services handles psychological and medical information about you. Federal and State laws determine how this information is handled. To comply with these laws, Counseling Services requests that you accept and review this Notice and then sign an acknowledgement Form, which states that you have been given the opportunity to review this Notice of Privacy Practices and that you have been offered a copy of this Notice for your records.

Counseling Services is allowed by law to use and disclose information about you for three purposes: 1) treatment, 2) payment (when applicable), and 3) health care operations. If any protected health information (PHI; information in your health record that could identify you) is to be used for any purpose, a written Authorization form will be required. Other information about your rights and policies regarding your PHI are described below.

Types of Uses and Disclosures

- Treatment: Consultation, diagnosis, providing care and referrals. Examples of treatment disclosures include the disclosure of psychological information about you to your primary care physician or other health care providers to assist in your diagnosis and treatment.
- Payment: Everything related to billing and collection of fee for service (when applicable)
- Health Care Opportunities: Things that Counseling Services staff members do to maintain the quality of services that you receive, such as when new staff join our center and when clients may be contacted to schedule and confirm appointments at Counseling Services.

Uses and Disclosures Requiring Authorization

- Written permission is required for specific disclosures above and beyond the general consent that permits only specific disclosures. In those instances when Counseling Services is asked information for the purposes of treatment, payment, and health care operations, Counseling Services will obtain an authorization from you before releasing this information. Counseling Services will also need to obtain an authorization before releasing your psychotherapy notes (notes your therapist makes about your conversation during an individual, group, joint or family counseling session). Psychotherapy notes are given a greater degree of protection than PHI. You may revoke all authorization (of PHI or psychotherapy notes) at any time provided each revocation is in writing. You may not revoke an authorization to the extent that your therapist has relied on that authorization or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

Counseling Services may use or disclose your protected health information (PHI) without your consent or authorization in the following instances:

- Serious Threat to Health or Safety. If we believe you pose a clear and substantial risk of imminent serious harm to yourself or another person, Counseling Services may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and / or your family in order to protect against such harm.
- Victims of Domestic Violence and Abuse as Required by Law. This includes situations involving the abuse of a child or elderly individual. We may disclose PHI to the governmental agency or entity that is authorized to receive such information as mandated by federal and state laws if we believe that a child or elderly person has been a victim of abuse, neglect or domestic violence.
- Judicial or Administrative Proceedings. Disclosure of PHI in response to an order of a court or administrative tribunal (as explicitly authorized), to the extent that such disclosure is expressly authorized, in certain situations in response to a discovery request, subpoena, or other process governed by law.
- Government Oversight. May include information to a public health authority, a medical examiner, the military, Veterans Affairs, or another entity for national security purposes.
- Workers Compensation Laws. If you file a worker's compensation claim, Counseling Services may be required to give your mental health information to relevant parties and officials.
- Other Situations as Required by Law. If required by law, use and disclosure will be limited to the relevant requirements of the law. You will be notified as required by law of any such use and disclosure of your PHI.

Patient Rights

- Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Counseling Services is not required to agree to a restriction that you request.
- Right to Receive Confidential Communications by Alternative Means and 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 seeing your therapist. Upon your request Counseling Services will contact you at another location.
- Right to Inspect and Copy. You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your Counseling Services mental health records used to make decisions about you for as long as the PHI is maintained in the record. On your request, your therapist will discuss with you the details of the request process.
- Right to Amend. You have the right to request an amendment of PHI and psychotherapy notes for as long as the PHI and psychotherapy notes are maintained in this record. Your therapist or Counseling Services will put in your record the changes that you request; however, these changes are added to the record; no portions of the record are deleted. On your request, your therapist will discuss the details of the amendment process.
- Right to Accounting. You generally have the right to receive accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described under Uses and Disclosures with Neither Consent nor Authorization). On your request, your therapist will discuss with you the details of the accounting process.
- Right to a Paper Copy of this Privacy Notice. You have the right to obtain a paper copy of the notice from Counseling Services upon request, even if you have agreed to this notice electronically.
- Counseling Services maintains the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, we are required to abide by the terms currently in effect.
- If Counseling Services revises its policies and procedures, we will post a revised copy in the reception area of Counseling Services and will offer you the opportunity to receive a copy of this revised policy.

Questions and Complaints

If you have any questions about this Notice, disagree with a decision made by your therapist, or have any other concerns about your privacy rights you may contact Doug Bennett, Ph.D., Director of Counseling Services:

Counseling Services
Ohio Wesleyan University
Hamilton-Williams Campus Center, Room 324
Delaware, Ohio 43015
(740) 368-3145

If you believe that your privacy rights have been violated and you wish to file a complaint with Counseling Services you may send your written complaint to Doug Bennett, Ph.D. at the above address.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. Counseling Services will not retaliate against you for exercising your right to file a complaint.

Effective Date

This notice is effective from February 1, 2015 until revised by the Ohio Wesleyan University's Counseling Services.

Counseling Services Duties

- Required by law to maintain privacy of PHI and to provide you with a notice of the Counseling Services legal duties and privacy practices with respect to PHI.

Revised 02/01/2015