



## USC Upstate Counseling Services / Health Services Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully. HIPAA privacy rules require we provide this notice.**

*Please note that Counseling Services and Health Services are independent departments at USC Upstate. However, both departments comply with Health Insurance Portability and Accountability Act (HIPAA) regulations and thus this document will serve both departments jointly.*

**Purpose:** Counseling Services/Health Services (CS/HS) staff follows the privacy practices described in this notice. CS/HS maintains your medical information in records that will be kept in a confidential manner, as required by law. However, CS/HS may use and disclose your medical information to the extent necessary to provide you quality healthcare regarding treatment, payment and healthcare operations.

### **What Are Treatment, Payment and Healthcare Operations?**

**Treatment:** Includes sharing information among healthcare providers involved in your care including psychologists, counselors and social workers. -Example, your physician may share information about your condition with a pharmacist to discuss appropriate medication or other providers to make a diagnosis.

**Payment:** CS/HS may use your medical information to bill for treatment or services rendered. -Example, CS/HS may need to give your medical information to your health insurance plan for payment to CS/HS or reimbursement to you.

**Healthcare Operations:** CS/HS may also use and disclose your medical information to improve the quality of care. -Example, CS/HS may use health information to evaluate the performance of our staff caring for you.

**Further use of Your Medical Information:** Your medical information may be used, unless you ask for restrictions on a specific use of disclosure, for:

- Appointment reminders
- To inform you of treatment alternatives or benefits or services related to your health, which you may opt out of
- To carry out healthcare treatment, payment and operations functions through business associates
- In case of emergency or other cases when you are unable to make decisions regarding your medical care, a healthcare provider may disclose to a family member, relative or elected representative health information which is vital to continuation of care. Once disclosed, this information may not be rereleased without your authorization.
- Health oversight activities, (audits, inspections, investigations and licensure)
- Certain research projects or marketing
- To prevent a serious threat to health or safety

- Law enforcement (in response to a court order or other legal process, to identify or locate an individual being sought by authorities, about the victim of a crime under restricted circumstances, about a death that may be the result of criminal conduct, circumstances relating to reporting information about a crime)
- Disaster relief agency if injured in a disaster
- To public health authorities for reports of child abuse or neglect or if we believe you have been a victim of abuse, neglect, or violence
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations
- As required by law or by the Food and Drug Administration
- Public Health Activities
- National security and intelligence activities
- Lawsuits and disputes (We will attempt to provide advance notice of a subpoena before disclosing the information)
- Alcohol and drug abuse treatment information has special privacy protections. CS/HS will not disclose any mental health or medical information related to substance abuse assessment/treatment unless you have consented in writing, a court order signed by a judge requires disclosure of the information; medical personnel need the information to meet a medical emergency, qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation, or if it is necessary to report a crime, a threat to commit a crime or to report abuse or neglect as required by law.
- We may disclose health information to counseling center staff or professional advisors, including the university's legal office and to agencies or individuals that oversee our operations or help carry out our responsibilities.
- We will only disclose information that is minimally necessary to the provision of services to only individuals that need to know.
- Disclosure of HIV/AIDS information requires your specific consent. Information released without consent will only be for continuity of care and/or treatment and local authority as required by law.
- Other purposes that the Secretary of the United States Department of Health and Human Services deems necessary and appropriate.
- Disclosure for proof on immunizations to a school where State or other law requires the school to have such information prior to admitting the student.

#### **Sensitive Information:**

Certain types of personal or medical information may NOT be used or disclosed to the individuals described in this Notice, including (but not limited to):

- Information about genetic testing, such as lab tests of DNA or chromosomes, conducted to discover diseases or illnesses of which you are not showing symptoms at the time of the test and that arise solely as a result of defects or abnormalities in genetic material
- Information showing (1) whether you have been diagnosed as having AIDS, (2) whether you have been or are currently being treated for AIDS, (3) whether you have been infected with HIV, (4) whether you have submitted to an HIV test, (5) whether an HIV test has produced a positive or negative result, (6) whether you have sought and received counseling regarding AIDS and (7) whether you have been determined to be a person at risk of being infected with AIDS.
- Information about suspicion of, diagnosis for, or treatment of mental illness or developmental disability.

- Information about communicable, venereal, infection and/or sexually transmitted diseases (HIV/AIDS), hepatitis, syphilis, tuberculosis, chancroid, gonorrhea, etc.) Information about pregnancy, prevention of pregnancy (including birth control), childbirth or abortions. There is a prohibition on using or disclosing an individual's reproductive medical information for the purpose of conducting a criminal, civil, or administrative investigation into or imposing criminal, civil, or administrative liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive healthcare that is lawful under the circumstances in which it is provided. The rule requires regulated healthcare providers, health plans, clearinghouses, and business associates (BAs) to obtain signed attestations from individuals requesting reproductive medical information stating that the information will not be used against a provider or patient in legal cases related to the provision of reproductive healthcare.
- Information about diagnosis, treatment, detoxification, or rehabilitation for alcohol or drug use or abuse. There are prohibitions on using or disclosing information related to Part 2 medical records. Investigative agencies must follow reasonable diligence steps before requesting records, an investigative agency must look for a provider in SAMHSA's online treatment facility locator and check a provider's Patient Notice or HIPAA Notice of Privacy Practices to determine whether the provider is subject to Part 2. Prohibits combining patient consent for the use and disclosure of records for civil, criminal, administrative, or legislative proceedings with patient consent for any other use or disclosure.
- Substance Use Disorder (SUD) clinician's notes and psychotherapy notes will be maintained separately from the rest of the patient's SUD treatment and medical record and require specific consent from an individual and cannot be used or disclosed based on a broad TPO consent.

**Your Authorization Is Required for Other Disclosures:** Other uses and disclosures in this notice will be made only with your written authorization. You may revoke your permission, which will be effective only after the date of your written revocation.

**Authorization Required:** Written authorization is required for the following disclosures:

- Most uses and disclosures of psychotherapy notes (where appropriate)
- Uses and disclosures of protected health information for marketing purposes
- Disclosures that constitute a sale of protected health information

**Your Medical Information Rights:**

- You have rights regarding your medical information, provided you make a written request to invoke the right on the forms provided by CS/HS.
- Right to request restrictions. You may request limitations on your medical information we use or disclose for healthcare treatment, payment or operations, 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 services.
- Right to request restrictions to a health plan. You may request the restriction of certain disclosures of your medical information to a health plan if you pay out of pocket in full for the healthcare item or services at CS/HS.
- Right to confidential communications. You may request communication in a specific manner or location, but you must specify in writing how or where you wish to be contacted.
- Right to request an amendment. If you believe your medical information is incorrect or incomplete, you may request an amendment.
- CS/HS is not required to accept the amendment.
- Right of breach notification: you may be notified if there is a breach of your medical information
- Right to inspect and request a copy: You have the right to inspect and request a copy of your

medical information. There may be a fee for this service. Under limited circumstances your request may be denied, but you may request a review of the denial by another licensed healthcare professional chosen by CS/HS. CS/HS will comply with the outcome.

- Right to accounting disclosures. You may request a list of the disclosures of your medical information made to persons or entities other than for healthcare treatment, payment or operations in the past ten years for Counseling Services and six years for Health Services. After the first request there may be a charge.

Right to a copy of this Notice. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. Electronic copies are at

[www.uscupstate.edu/studentaffairs/counseling/](http://www.uscupstate.edu/studentaffairs/counseling/) and [www.uscupstate.edu/health/](http://www.uscupstate.edu/health/)

**Requirements Regarding This Notice:** Law requires CS/HS to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. CS/HS may change this Notice, which will be effective for medical information we have about you, as well as any information we receive in the future. Each time you register for counseling/healthcare services, you may receive a copy of the Notice in effect at the time. Further, each disclosure made with patient consent include a copy of the consent or a clear explanation of the scope of the consent.

**Complaints:** If you believe your privacy rights have been violated, including rights related to Part 2 treatment records, you may file a complaint with CS/HS or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against for making a complaint.

**Contact the CS/HS Privacy Officer in writing if:**

- You have a complaint
- You have any questions about this Notice
- You wish to request restrictions on uses and disclosures for health care treatment, payment or operations
- You wish to obtain a form to exercise your individual rights described in this Notice.
- Privacy Officer- Mary Bucher - [mbucher@uscupstate.edu](mailto:mbucher@uscupstate.edu)