

**BLOOMSBURG UNIVERSITY’S – CENTER FOR COUNSELING & HUMAN DEVELOPMENT  
(THE “CCHD”) PRIVACY NOTIFICATION FORM NOTICE OF CCHD POLICIES AND PRACTICES  
TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

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.

**I. Uses and Disclosures for Treatment and Health Care Operations**

- a. The CCHD may use or disclose your protected health information (“PHI”), for treatment and health care operations purposes. To help clarify these terms, here are some definitions:
  - “PHI” refers to information in your health record that could identify you.
  - “Treatment, and Health Care Operations”
1. “Treatment” generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
2. “Health care operations” are certain administrative, financial, legal, and quality improvement activities of the CCHD that are necessary to run its business and to support the core functions of treatment. These include:
  - a. Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination.
  - b. Reviewing the competence or qualifications of health care professionals, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities.
  - c. Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs.
  - d. Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity.
  - e. Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other administrative simplification rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

## II. Uses and Disclosures Requiring Authorization

- A. The CCHD may use or disclose PHI for purposes outside of treatment and health care operations when your appropriate authorization is obtained.
  - a. An “authorization” is written permission above and beyond general consent that permits only specific disclosures. In instances where an authorization is required, the CCHD will secure the authorization before releasing this information. The CCHD will also obtain an authorization prior to disclosing psychotherapy notes.
    - “Psychotherapy notes” are notes made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your medical record.
- B. An authorization may be revoked at any time, in writing addressed to the Executive Director of Health & Wellness.
  - a. The revocation is ineffective until actual receipt and in no case may be revoked if the:
    - Authorization has been relied upon to make a disclosure already made.
    - However, no further disclosures will be made prospective of receipt or 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.

## III. Uses and Disclosures with Neither Consent nor Authorization

- A. The CCHD may use or disclose PHI without your consent or authorization in the following circumstances:
  - a. **Child Abuse:** If there is reasonable cause for a professional to believe on the basis of their reasonable professional judgment to suspect abuse of children with whom they come into contact in a professional capacity or pursuant to the regulations prescribed by the Pennsylvania Department of Public Welfare.
  - b. **Adult and Domestic Abuse:** If there is reasonable cause for a professional to believe on the basis of their reasonable professional judgement to suspect an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment).
  - c. **Judicial or Administrative Proceedings:** As a result of a court order or subpoena or your authorization.
    - Privileges may not apply when you are being evaluated for a third party or where the evaluation is court ordered.
  - d. **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and a determination is made you are likely to carry out the threat reasonable measures must be taken to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
  - e. **Worker’s Compensation:** If you file a worker’s compensation claim, the CCHD may be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

#### IV. Patient's Rights and Psychological Counselor's Duties:

##### A. Patient's Rights

- a. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. The CCHD is not required to agree to a restriction you request.
- b. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- c. Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI in the CCHD's mental health records used to make decisions about you for as long as the PHI is maintained in the record. The CCHD may deny your access to PHI under certain circumstances.
- d. Right to Amend: You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The CCHD may deny your request.
- e. Right to an Accounting: You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section I & III of this notice).
- f. Right to a Paper Copy: You have the right to obtain a paper copy of the notice which are available at the CCHD.

##### B. Psychological Counselor's Duties:

- a. Counselors are required by law to maintain the privacy of PHI and to provide you with a notice of the legal duties and privacy practices with respect to PHI.
- b. The Counselors reserve the right to change the privacy policies and practices described in this Notice. Changes to the privacy policies and practices contained in this Notice will be updated on the CCHD's website and available in paper format at the CCHD located at 240 Student Services Center, Bloomsburg University of Pennsylvania, Bloomsburg, PA, 17815.

#### V. Complaints

If you are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your records, you may contact the Vice President for Administration and Finance, at 15 Waller Administration Building, Bloomsburg University of Pennsylvania, Bloomsburg, PA, 17815.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. More information concerning complaints can be found by visiting the office of the Vice President for Administration and Finance.

#### VI. Effective Date, Restrictions, and Changes to Privacy Policy

- A. All uses and disclosures will be made in accordance with relevant portions of Pennsylvania State Law and the Family Educational Rights and Privacy Act (FERPA).