



## Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out counseling, health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. **Please review it carefully.**

#### **I. Understanding Your Health Record/Information**

Each time you visit or contact your mental health counselor, they make a record of this visit. This information is referred to as your “counseling record.” Peninsula College (PC) may use or disclose your protected health information (PHI) for counseling and health care operations purposes when you consent to counseling. To help clarify these terms, here are some definitions and examples:

- “PHI” refers to protected health information in your counseling record that could identify you. *PHI does NOT include psychotherapy process/progress notes that describe the content of your sessions with your counselor.* PHI includes your name, date of birth, medications, dates of counseling sessions, and type of counseling received (cognitive behavioral therapy, relaxation training, crisis intervention, and so on), prognosis, and treatment plan.
- “Counseling and Health Care Operations”
  - *Counseling* is when we provide, coordinate, or manage your mental health care and other services related to your health care. An example would be when we consult with another health care provider, such as your family physician or another therapist or a psychiatrist. The information obtained from these consultations will be recorded in your record.
  - *Health Care Operations* are activities that relate to the performance and operation of PC’s counseling team. Examples of healthcare operations are quality assessment and improvement activities, and business-related matters such as audits and administrative services.
- “Use” applies only to activities within PC such as sharing, employing, applying, using, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of PC, such as releasing, transferring, or providing access to information about you to other parties.

#### **II. Your Health Information Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

##### **Inspect or order an electronic or paper copy of your counseling record**

You can ask to see or order an electronic or paper copy of your counseling record and other health information we have about you for as long as the record is maintained. Ask your counselor how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### **Ask us to correct your counseling record**

You can ask us to correct health information about you that you think is incorrect or incomplete for as long as the record is maintained. Ask your counselor how to do this. We may say “no” to your request, and we’ll tell you why in writing within 60 days.

##### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

##### **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for counseling or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

##### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your counseling or health information for five years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about counseling and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will

charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you think your rights are violated**

If you have questions, would like additional information, or think your privacy rights have been violated and want to file a complaint, please contact the Dean of Student Advising and Support Services at 360-417-6279. If you are unhappy with our response, you may contact Secretary of the U.S. Department of Health and Human Services Office at 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The office listed above can provide you with the appropriate address upon request. We will not retaliate against you for filing a complaint.

## **III. Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of counseling notes

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

## **IV. Our Uses and Disclosures**

We typically use or share your health information in the following ways.

**Treat you:** We can use your counseling or health information and share it with other professionals who are working with you. We would have you sign a release to do so.

*Example: A doctor prescribing you anti-depressants asks us about your mental health.*

**Run our organization:** We can use and share your health information to improve our services, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your counseling and services.*

### **How else can we use or share your counseling or health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share counseling or health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Research:** We can use or share your information for health research when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your mental health information.

**Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share counseling or health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## V. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. You

may not revoke an authorization to the extent that we have relied on that authorization.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site. Effective Date of this Notice: August 2024