

#01.18: Health & Counseling Center Notice of Privacy Practices

UNIVERSITY OF DENVER
STUDENT AFFAIRS & INCLUSIVE EXCELLENCE
HEALTH & COUNSELING CENTER

Responsible Area: Medical / Counseling / Operations / Recovery / CAPE
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I. INTRODUCTION

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS ALLOWED A POSSIBLE EXEMPTION FOR UNIVERSITY RUN HEALTH AND COUNSELING CENTERS, THE UNIVERSITY AND THE HEALTH AND COUNSELING CENTER HAS BEEN DESIGNATED AS A HIPAA COVERED ENTITY AND WILL TREAT ALL PERSONAL HEALTH INFORMATION GATHEED AS HIPAA PROTECTED DATA.

PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact the Assistant Vice Chancellor of Health and Wellness University of Denver Health and Counseling at (303) 871-2205.

II. POLICY

WHO WILL FOLLOW THIS NOTICE:

- University of Denver Health & Counseling Center Medical and Counseling Service Areas.

This notice describes our privacy practices. All the above-named entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

*The Center for Advocacy, Prevention and Empowerment (CAPE) and the Collegiate Recovery Program (CRP), while included in the HCC, are not HIPAA covered entities, and have their own Privacy Practices and other unit specific procedures.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal provider, counselor or other staff members working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and summarize our main obligations regarding the use and disclosure of your health information. We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that are currently in effect.

Our detailed Use and Disclosure Policy (1.20) gives specific details of our practices, policies, plans, and procedures regarding your health information and records.

III. PROCESS AND PROCEDURES

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all the ways we are permitted to use and disclose information will fall within one of the categories. **Please note that, for some of the categories below, there are additional protections for your confidentiality regarding your treatment through the Counseling services provided at the Health and Counseling Center.** Confidentiality rights for counseling clients are described in detail in the “Client Rights and Informed Consent” form and in our Use and Disclosure Policy (1.20). *The Center for Advocacy, Prevention and Empowerment (CAPE) and the Collegiate Recovery Program (CRP), while in the HCC Division, are not HIPAA covered entities, and have their own Privacy Practices and other unit specific procedures.

For Treatment. We may use health information about you to provide you with health care treatment or services.* We may disclose health information about you to doctors, nurses, technicians, health students, or other medical providers/personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized, or at another medical provider’s office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes.* If you transfer your care from our entities to another provider of care, we will ask that you fill out a request for release of information form.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your office visit so your health plan will pay us or reimburse you for the visit. We may also tell your

health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and ensure that all patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment. We will disclose as little health information as possible within this reminder. Be sure to inform the Health and Counseling Center of your correct contact information. Your contact information should also be current on the University of Denver's main system (my.du.edu).

Health-Related Services and Treatment Alternatives: We may use and disclose health information to tell you about health-related services or recommend options or alternatives that may be of interest to you.* Please let us know if you do not wish us to send you this information, or if you wish to have us use a different address to send this information to you.

Health Information Exchange: We endorse, support, and participate in electronic Health Information Exchange (HIE) to improve the quality of your health and healthcare experience. HIE provides us with a way to share patients' clinical information electronically, securely and efficiently with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to share information and provide you with better care more effectively. The HIE also enables emergency medical personnel and other providers treating you to have immediate access to your medical data critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. We participate in the Colorado Immunization and Information System (CIIS), contribute and receive immunization information within this system. The Colorado Immunization Information System (CIIS) is a confidential, computerized, population-based system that collects and consolidates immunization data for Coloradans of all ages from a variety of sources and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. We also participate in the Colorado Regional Health Information Organization (CORHIO) and share select laboratory and prescription information. However, you may choose to opt-out of participation in either exchange, or cancel an opt-out choice, at any time. Please contact the HCC for information on how to opt out exempt information as allowed.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect (required by state law);
- to report reactions to medications/immunizations or problems with products;
- to notify people of recalls of products they may be using;
- to notify person or organization required to receive information on FDA-regulated products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.*

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- in reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;
- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person:
 - Name and address
 - Date of birth or place of birth;
 - Social Security Number;
 - Blood type or Rh factor;
 - Type of injury;

- Date and time of treatment and/or death, if applicable; and
- A description of distinguishing physical characteristics.
- about the victim of a crime, if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility; and
- in emergency circumstances to report a crime; the location of the crime or victims; or
- the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may use or disclose health information about you for the purposes of research, in accordance with the relevant federal HIPAA privacy regulations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. State law allows medical facilities to charge reasonable copying fees when information is requested for non-healthcare related purposes. This does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the University of Denver Health and Counseling. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that the health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to the Assistant Vice Chancellor of Health and Wellness, University of Denver Health and Counseling, or their designee, and must be contained on one page of paper legibly handwritten or typed in at least 10-point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures. You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to the Assistant Vice Chancellor of Health and Wellness, the Executive Director of Business and Operations, or their designee, of the University of Denver Health and Counseling. Your request must state a period which may not be longer than ten years. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not exceed a total of 60 days from the date you made the request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer. Unless otherwise required by law to share that information we will abide by that request. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a specified nurse from use of your information, or that we not disclose information to your spouse about a surgery you had. **We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the Assistant Vice Chancellor of Health and Wellness, University of Denver Health and Counseling. In your request, you must tell us what information

you want to limit and to whom you want the limits to apply; for example, use of any information by a specified nurse, or disclosure of specified surgery to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the University of Denver Health and Counseling Center. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice at any time. However, at the time of first service rendered after April 14, 2003, this notice is required to be electronically acknowledged. To obtain a paper copy, please request it from the University of Denver Health and Counseling Center, our website, www.du.edu/hcc, or by requesting a copy of this notice be sent through electronic mail to info@hcc.du.edu. If we know that the electronic message has failed to be delivered, a paper copy of the notice will be provided. Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.

If the first service delivery is delivered electronically, other than by telephone, we provide electronic notice in the same medium, automatically and contemporaneously in response to a first request for service.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. You may obtain a copy of the revised notice in effect upon your request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Assistant Vice Chancellor of Health and Wellness, University of Denver Health and Counseling or visit our feedback page (<https://studentaffairs.du.edu/health-counseling-center/help-us-improve-your-care>). All complaints must be submitted in writing. **You will not be penalized, intimidated, retaliated against or discriminated against for exercising your rights or filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take

back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

This is a summary of our privacy practices including use and disclosure protected information. Our full policies are available at www.du.edu/hcc and may be accessed at any time.

Acknowledgement of Receipt of this Notice

We request that you electronically acknowledge that you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and insert the date. This acknowledgement will be filed with your records.

The acknowledgement is available on the web through your MyHealth account at <https://myhealth.du.edu>

IV. TERMS AND DEFINITIONS

CAPE = Center for Advocacy, Prevention, and Empowerment

CIIS = Colorado Immunization Information System (CIIS)

CORHIO = Colorado Regional Health Information Organization

CRP = Community Recovery Program

Effective Date = Policy Leadership Approval date

HCC = Health & Counseling Center

HIE = Health Information Exchange

HIPAA = Health Insurance Portability and Accountability Act

MyHealth = web-based, secure, electronic access point for electronic health records

<https://myhealth.du.edu/>

ROI: Release of Information

V. REFERENCES

Related HCC Policies:

- #01.03c: Counseling Rights and Responsibilities
- #01.03m: Informed Consent & Documentation for medical services
- #01.20: HCC Use and Disclosures of Protected Health Information (PHI)
- #01.19: Confidentiality of PHI

VI. REQUIREMENTS

Indicate any actions enacted by this policy (if Any)

1. Form(s)

- i. Statement of Acknowledgement is stored within the electronic health record and is indicated as Privacy Agreement within the Compliance forms section.

- ii. DU HCC Release of Information (ROI)
- iii. Campus Partners Release of Information (ROI)
- 2. **Committee(s)** - n/a
- 3. **Report(s)** -
 - i. Upon student/patient request, an Accounting of Disclosures will be generated.
- 4. **Reoccurring deadline(s)**
 - i. Acknowledgement required annually. Requirement reset for Fall term.
- 5. **Policy assigned Role**
 - i. HCC Assistant Vice Chancellor of Health & Wellness

VII. ADDENDUM(S)

Campus partner and other Release of Information forms as posted at <https://studentaffairs.du.edu/health-counseling-center/about-us/hipaa-privacy-practice>