Community Counseling and Assessment Clinic
NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR PRIVACY RIGHTS, OUR RESPONSIBILITIES

The Community Counseling and Assessment Clinic is required by law to protect the privacy of your health information and provide you with this Notice of Privacy Practices. This Notice describes how we may use and share your health information and explains your privacy rights. The Clinic will use or disclose your information only as described in this Notice. We do, however, reserve the right to change our privacy practices and the terms of this Notice and to make new provisions effective for all health information that we maintain. Revised notices will be sent to you and will be available from Clinic staff.

If at any time, you have questions or concerns about the information in this Notice or about our agency’s privacy policies, procedures, or practices; you may contact the HIPAA Coordinator (see Contact Information on the reverse page).

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION

The Community Counseling and Assessment Clinic may use or disclose your health information without your written consent or authorization for the following purposes:

Treatment: We may use health information about you to provide treatment and services. We may disclose your health information to counselors, supervisors, or administrators at the Clinic who are involved in your treatment. Because our counselors are graduate students in training, they are required to share information pertaining to your treatment with their clinical supervisor. In addition, counselors may share relevant details about your treatment during staffing with their instructor and other counselors. Similarly, your health information may be shared with faculty providing emergency coverage to the Clinic.

Clinic Operations: We may use your health information for the purposes of Clinic operations. For example, your records will be reviewed by our Case Assignment Team in order to make sure that the Clinic is the best place for you to receive treatment. In addition, your records may be reviewed by our Quality Assurance Team to assess the care, outcomes, and quality of services you receive. As all counselors are graduate students in training, your records may be reviewed during the course of completing formal evaluations of student counselors.

Contacting You: We may contact you to remind you of an appointment, provide information about new services that may be of interest to you, or assess satisfaction with ongoing treatment.

Other Circumstances: In addition, we may use or disclose your health information for the following purposes without your consent or authorization:

- As required or permitted by law (e.g., cooperation with law enforcement, court officials, or government agencies)
- For health oversight activities (e.g., investigations, accreditation, licensure, etc.)
- To avoid serious threat to health or safety
- As authorized by worker’s compensation laws or similar programs that provide benefits for work-related injuries or illness
- Research approved by the University of Southern Mississippi’s Human Subjects Protection Review Committee (personally identifiable information would not be disclosed in this case)
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION

Except as provided in this Notice of Privacy Practices, the Community Counseling and Assessment Clinic will not use or disclose your health information without your written authorization. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have several rights with regard to your health information. Specifically, you have the right to:

• Obtain a paper copy of this Notice. You may request a written copy of this Notice at any time. You may also obtain a copy of this Notice by accessing the Clinic’s website at www.usm.edu/counseling-psychology-clinic

• Request confidential communications. You have the right to request that the Clinic only communicate to you in a certain format (e.g., in writing) and/or location (e.g., your work address). We will accommodate all reasonable requests.

• Inspect and copy. You have the right to request in writing to see your records and obtain a copy within 30 days at a reasonable fee. This right is subject to certain legal restrictions. For example, this right does not apply to psychotherapy notes or information compiled for judicial proceedings. If this request is denied, you will be notified in writing of the reason for denial and your right to request review of the denial.

• Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed. We are not required to agree to your requested restriction, but we will consider your request and the possibility of accommodating it.

• Request amendment. You have a right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. We may deny your request if the information was not created by this agency or if we believe the information is accurate.

• Receive an accounting of disclosures. You have a right to receive an accounting of disclosures of your health information made by the Clinic, except for disclosures such as treatment, payment, clinic operations, and certain other disclosures as provided for by law.

• Complain. If you believe your health information privacy rights have been violated, you may contact the HIPAA Coordinator to receive a complaint form. Alternatively, you may contact the OCR Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909, (404) 562-7886. If you file a complaint, we will not take any action against you or change our treatment of you.

CONTACT FOR FURTHER INFORMATION

Eric R. Dahlen, Ph.D.
HIPAA Coordinator
Community Counseling and Assessment Clinic
Department of Psychology, Box 5025
University of Southern Mississippi
Hattiesburg, MS 39406-5025
(601) 266-4601