NOTICE OF PRIVACY PRACTICES (HIPAA Compliance)

Policy Statement

Student Counseling Services complies with HIPAA requirements regarding privacy.

Reason for Policy/Purpose

This policy is required for the effective communication of university policy regarding privacy for students using counseling services.

Who Needs to Know This Policy

All members of The University of Southern Mississippi community.

Website Address for this Policy

www.usm.edu/institutional-policies/policy-stua-scs-002

Definitions

Policy/Procedures

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 Student Counseling Services 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 center 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 posted in the waiting area, and we will make a copy of the revised notice available to you upon request. 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 (Dr. Virginia Crawford)

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION

The law permits the Student Counseling Services to 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 center who are involved in your treatment. Because some of 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 case staffing with other counselors and psychologists.

**Center Operations:** We may use your health information for the purposes of center operations. For example, your records will be reviewed by the center staff in order to make sure that the Student Counseling Services 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. Since some of our counselors are in training, supervisors will regularly review and co-sign notes, and your records may be reviewed during the course of completing evaluations of these counselors.

**Contacting You:** We may contact you to regarding an appointment, to respond to your contact, to notify you of your discharge, provide information about 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, inspections, 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 The University of Southern Mississippi’s Human Subjects Protection Review Committee.
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT REQUIRES YOUR AUTHORIZATION

Except as provided in this Notice of Privacy Practices, the Student Counseling Services 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.
- Receive confidential communications. You have the right to request in writing that the center 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 protected health information. This right is subject to certain legal restrictions. For example, this right does not apply to psychotherapy notes or information complied for judicial proceedings. You may be charged a fee for copying or postage.
- 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 to 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 center, except for disclosures such as treatment, payment, center 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 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

Connie Morgan HIPAA Coordinator The Student Counseling Services, 118 College Drive #5066 The University of Southern Mississippi Hattiesburg, MS 39406-0001 Phone: (601) 266-5390

Review
The Director of Health Services Center is responsible for the review of this policy every four years (or whenever circumstances require immediate review).

**Forms/Instructions**

N/A

**Appendices**

N/A

**Related Information**

N/A

**History**

07/01/03: Policy becomes effective.
11/01/11: Formatted for Institutional Policies website.
02/21/13: Formatted for template. Minor editing throughout.
07/03/13: Corrected HIPPA to HIPAA

**Amendments:** Month, Day, Year – summary of changes
Authorization

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STUA-SCS-000-002

As the Responsible Officer, I have reviewed this policy and believe it represents the current policy.

<Signature>
Responsible Officer

3/8/13
Date