

## **NOTICE OF PRIVACY PRACTICES BGSU COUNSELING CENTER**

Consistent with our professional codes of ethics, Ohio State law, and Center policy, the BGSU Counseling Center has a longstanding commitment to maintaining the privacy of student information. Federal legislation has been enacted that further specifies the exact ways in which privacy matters must be handled; this legislation also mandates that you be provided with a copy of our privacy policy (describing how personal information about you may be used and disclosed as well as how you can get access to this information). Please review this policy carefully. Any questions may be directed to Dr. Garrett Gilmer (Director of the Counseling Center) at 419-372-2081 or Christopher Leonard (Assistant Director/Clinical Director of the Counseling Center) at 419-372-2081. The effective date for this policy was April 14, 2003.

### **PRIVACY POLICY**

The Counseling Center is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of its legal duties and privacy practices with respect to such information. Clients who have questions or require additional information may direct their inquiries to either Dr. Garrett Gilmer (Director of the Counseling Center) or Christopher Leonard (Assistant Director/Clinical Director of the Counseling Center). Clients who believe their rights have been violated can submit complaints on the "Form for Reporting a Privacy Rights Infraction" which is available in the waiting room. These complaints will be reviewed by the Director of the Counseling Center and/or the Assistant Director/Clinical Director. Clients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Dept. of Health and Human Services. The Counseling Center will not retaliate against any individual for filing a complaint.

A copy of this notice is given to all clients, and we request that they sign an acknowledgement form. Additional copies of this notice are available in the waiting room. The policy is also posted on our Center's web page.

#### **Definitions:**

Personal health-related information that could identify an individual client is considered *Protected Health Information* (PHI).

*Treatment, Payment, and Health Care Operations* (TPO) are activities related to the provision of health care, the collection of payment from the client or a third party, and the implementation of health care operations.

*Health Care Operations* encompass functions such as quality improvement, peer review, accreditation, licensing, business planning, contracting with business associates, auditing and general administration.

The *Minimum Necessary* information is the least amount of PHI that is required to achieve the desired purpose.

#### **Access and Disclosure:**

Protected health information (PHI) may be used and disclosed for purposes related to the provision of your health care (TPO). PHI may be disclosed in certain other situations, as described below, relating to public health and safety or to court proceedings. The Counseling Center may also use PHI to contact clients who have missed appointments, to reschedule appointments, or to advise clients of issues or options that have arisen in relation to their treatment.

The following people or entities will have access to PHI:

- The client. (We require that a member of our staff be present if a client requests to review his/her clinical record.)
- Any person to whom the client has provided written authorization for the release of information.
- Parents or legal guardians of a minor. (NOTE: In accordance with state law, minors are allowed to be seen for six sessions or 30 days [whichever comes first] without consent of parents or legal guardians; any records generated during this period of time are not available to the parents or guardians unless the client provides written permission).
- Public health services, regulatory officials, and law enforcement agencies, when required by law. (Staff members are legally required to report the abuse of certain populations [e.g., children, elderly adults, and individuals with mental retardation or developmental disabilities]; staff members are also mandated to disclose information to avert a serious and imminent threat to any person's healthy or safety).
- Courts. When we receive a court order or a request for information pertaining to legal proceedings, we consult University General Counsel to assure that all legal conditions are satisfied. We also attempt to inform the client prior to responding.
- Officially-designated business associates (such as accreditation reviewers, providers of bonded disposal services, and technology staff who maintain the secure server) may have limited access but must sign confidentiality agreements forbidding them from disseminating PHI.
- Counseling Center and Falcon Health Center staff (with appropriate authorization) will have access to PHI for purposes of TPO. Examples of staff members needing access for such purposes include the following: The staff member providing counseling, the clinical supervisor, those responsible for assigning clients to counselors, those providing emergency services, medical care providers that may be involved in your care, the transcriptionist, and reception staff (who have very limited access). (NOTE: Custodial staff does **not** have access to PHI).