NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

Protecting Your Personal and Health Information
We, University of Central Oklahoma Psychology Clinic (UCO), are committed to protecting the privacy of patient personal and health information. Applicable Federal and State laws require us to maintain the privacy of our patients’ personal and health information. This Notice explains our clinic’s privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal health information (PHI) is referred to as “health information” and includes information regarding your health care and treatment with identifiable factors, such as your name, age, address, income, or other financial information. We will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect May 1, 2005 and will remain in effect until replaced.

How We Protect Your Health Information
We protect your health information by
- Treating all of your health information that we collect as confidential.
- Stating confidentiality policies and practices in our UCO staff handbooks, as well as disciplinary measures for privacy violations.
- Restricting access to your health information only to those UCO staff that need to know your health information in order to provide our services to you.
- Only disclosing your health information that is necessary for an outside service company to perform its function on the clinic’s behalf; such companies have, by contract, agreed to protect and maintain the confidentiality of your health information.
- Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

Uses and Disclosures for Treatment, Payment, and Health Care Operations
UCO may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes, as long as you consent to receive evaluation or treatment services from the clinic. To help clarify these terms, here are some definitions.

“Treatment, Payment, and Health Care Operations”
- Treatment occurs when a Psychological Associate provides, coordinates, or manages your health care and other services related to your health care. An example of treatment: a Psychological Associate consults with another health care provider, such as your family physician.
- Payment occurs when a Psychological Associate obtains reimbursement for your healthcare.
- Health Care Operations activities relate to the performance and operation of the UCO. Examples of health care operations: quality assessment and improvement activities, business-related matters, such as audits and administrative services, case management and care coordination, conducting training and educational programs, or accreditation activities.
• “Use” applies only to activities within UCO, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
• “Disclosure” applies to activities outside UCO, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization
UCO may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when UCO is asked for information for purposes outside treatment, payment or healthcare operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization (1) to the extent that UCO has relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy

Uses and Disclosures with Neither Consent nor Authorization
The UCO may use or disclose PHI without your consent or authorization in the following circumstances.
• Abuse – If we have reason to believe that a minor child, elderly person or disabled person may have been abused, abandoned, or neglected, the UCO must report this concern or observations related to these conditions or circumstances to the appropriate authorities.
• Health Oversight Activities – If the Board of Examiners in Psychology, Council on Accreditation, or other oversight body, is investigating a Psychological Associate or UCO as part of a formal complaint you have filed, UCO may be required to disclose PHI regarding your case.
• Judicial and Administrative Proceedings as Required – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof; we may be compelled to provide the information. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order UCO to disclose personal health or treatment information. UCO will not release information without your written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party (e.g., law enforcement agency, Social Security Administration) or when the evaluation is court ordered.
• Serious Threat to Health or Safety – If you communicate to UCO personnel an explicit threat of imminent serious physical harm or death to identifiable victim(s), and we believe you may act on the threat, we have a legal duty to take the appropriate measures to prevent harm to that person(s), including disclosing information to the police and warning the victim. If we have reason to believe that you present a serious risk of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.
• Worker’s Compensation – The UCO may disclose PHI regarding you as authorized by, and to the extent necessary, to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
• National Security – We may be required to disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may be required to disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may be required to disclose health information to a correctional institution or law enforcement official having lawful custody of PHI of an inmate or patient under certain circumstances.
• Research – Under certain limited circumstances, we may use and disclose health information for research purposes. All research projects, however, are subject to scrutiny and approval by an institutional review board.

Patient’s Rights and Clinician’s Duties
Patient’s Rights

- **Rights to Request Restrictions** – You have the right to request additional restrictions on certain uses and disclosures of PHI. UCO may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are being seen at UCO. On your request, UCO will send your bills to another address.

- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of your clinic health records. A reasonable fee may be charged for copying or, if necessary, redacting the record(s). Access to your records may be limited or denied under certain circumstances, but in most cases, you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process.

- **Right to Amend** – You have the right to request, in writing, an amendment of your health information as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to you. You may also make a statement disagreeing with the denial, which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.

- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.

- **Electronic vs. Paper Copy** – If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from the UCO upon request.

UCO Duties

UCO, and all associated persons, are required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices. UCO reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, the UCO is required to abide by the terms currently in effect.

Other Restrictions

UCO must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.

Changes to this Notice

UCO reserves the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make such changes, we will update this Notice and post the changes in the waiting room or lobby of the facility. You may request a copy of the Notice at any time.

Questions and Complaints

For questions regarding this Notice or our privacy practices, please contact the UCO Director. If you are concerned that your privacy rights may have been violated, you may contact Caleb W. Lack, Ph.D. to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services.
If you choose to make a complaint with us or the U.S. Department of Health and Human Services, we will not retaliate in any way.

**Department of Health and Human Services**
Office for Civil Rights
1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)
(214) 767-0432 FAX
Toll free: 1-800-368-1019
http://www.hhs.gov/ocr/hipaa/