

## **Notice of Privacy Practices**

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This notice describes how your personal health information may be used and disclosed and how you can get access to this information. Please review it carefully.

You will be asked to acknowledge that you have received our notice of privacy practices.

We understand that information about you, your health and your mental health is very personal and therefore, we will strive to protect your privacy as required by law. We will only use and disclose your personal health information as allowed by applicable law.

We are committed to excellence in the provision of state of the art mental health care services through the practice of evaluation, treatment, education, and research. Therefore, as described below, your health information will be used to provide you care and may be used to educate mental health care professionals and for research. We train our staff and workforce to be sensitive about privacy and to respect the confidentiality of your personal health information.

We are required by law to maintain the privacy of our patients' personal health information. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all personal health information maintained by us. You may receive a copy of any revised notice at our office, or a copy may be obtained by mailing a request to Psychological Services Training Center at the address above.

### **USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION**

The following categories detail the various ways in which we may use or disclose your personal health information. For each category of uses or disclosures we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

**Your Authorization.** Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

**Uses and Disclosures for Treatment.** We will make uses and disclosures of your personal health information as necessary for treatment. For instance, therapists, supervisors, and other professionals involved in your care will use information in your medical record, information on audio and video tapes, and information that you provide about your symptoms and reactions to plan a course of treatment for you.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your personal health information as necessary for payment purposes. For instance, we may forward information regarding your treatment to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your personal health information as necessary, and as permitted by law, for operations of the Psychological Services Training Center. This is necessary to run the Psychological Services Training Center, to ensure that our patients receive high quality care, and to ensure that our staff receive superior training. For example, we may use your personal health information in order to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. And, for education and training purposes, your health information may also be disclosed to other staff and supervisors of the Psychological Services Training Center, and members of the University of Delaware's Clinical Psychology Department.

**Research.** We may use and disclose your personal health information, as permitted or required by law, for research, subject to your explicit authorization, and/or oversight by the University of Delaware's Institutional Review Boards, committees charged with protecting the privacy rights and safety of human subject research, or similar committees. Information may be stored in an electronic database. In all cases where your specific authorization has not been obtained, your privacy will be protected by confidentiality requirements evaluated by such committee. This is necessary to investigate cutting-edge mental health care through improved treatments and outcome research. For example, you may be approached by your therapist to ask if you would be interested in participating in a clinical trial of a new therapy. Or, your health information may be used with the approval of the committee charged with protecting the rights of research subjects, described above, to conduct outcome research to see if a particular therapy or intervention is effective.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as accreditation and legal services. At times it may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with such mental health care operations. In such cases, we require these business associates to appropriately safeguard the privacy of your information.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization. Subject to conditions specified by law:

- ◆ We may release your personal health information for any purpose required by law;
- ◆ We may release your personal health information to certain governmental agencies if we suspect child abuse or neglect;
- ◆ We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions;
- ◆ We may release your personal health information in emergency circumstances, such as to prevent a serious and imminent threat to a person, to the public, or to yourself;
- ◆ We may release your personal health information if required to do so be a court or administrative order; subpoena or discovery request; in most cases you will have notice of such release;
- ◆ We may release your personal health information if necessary for purposes related to your workers' compensation benefits;

#### **RIGHTS THAT YOU HAVE**

**Access to your Personal Health Information.** Generally, you have the right to access, inspect, and/or copy personal health information that we maintain about you. You may access this information during scheduled appointments with a clinician, or you may submit a written request to access this information signed by you or your representative. We will charge you for a copy of your medical records in accordance with a schedule of fees established by applicable law.

**Amendments to Your Personal Health Information.** You have the right to request that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendments/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request, we may not delete any information already documented in your medical record.

**Accounting for Disclosures of Your Personal Health Information.** You have the right to receive an accounting of certain disclosures made by us of your personal health information after January 1, 2004, except for disclosures made for purposes of treatment, payment and healthcare operations or for certain other limited exceptions. Requests must be made in writing and signed by you or your representative.

**Restrictions on Use and Disclosure of Your Personal Health Information.** You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. For example, you may request that we do not share your mental health information with a certain family member. Such requests must be made in writing and signed by you or your representative. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination.

**Paper Copy of Notice.** You retain the right to obtain a paper copy of this Notice of Privacy Practices.

#### **ADDITIONAL INFORMATION**

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint in writing with the Director of the Psychological Services Training Center. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

**For Further Information.** If you have questions or need further assistance regarding this Notice of Privacy Practices, you may contact the Director of the Psychological Services Training Center.

**Effective Date.** This Notice of Privacy Practices is effective December 1, 2003.