



Counseling and Prevention Resource Center

NOTICE OF PRIVACY PRACTICES

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

Our Legal Responsibility

As a mental health care provider, we are legally required to protect the privacy of your health information, and to provide you with this Notice about our legal duties, privacy practices, and your rights with respect to your health information we collect and maintain. This requirement applies to all clients served by the Indian Hills Community College Counseling and Prevention Resource Center (CPRC), at all locations. The CPRC provides mental health services to Indian Hills Community College students, and is legally required to follow the privacy practices described in this Notice, offer you a copy of it, notify you if we are unable to agree to a restriction you have requested in writing, accommodate reasonable requests you make in writing to communicate health information by alternative means or at alternative locations, and to notify you promptly if a breach occurs that may have compromised the privacy or security of your information. If you have any questions or want more information about this Notice, please contact our Privacy Officer at the contact information listed at the end of this Notice.

Your Protected Health Information (PHI)

Throughout this Notice, we will refer to your protected health information as PHI. This includes Electronic PHI or ePHI, as described under Security Standards for “Physical Safeguards” (45 CFR 164.310); “Administrative Safeguards” (45 CFR 164.308); “Technical Safeguards” (45 CFR 164.312). Your PHI/ePHI includes data that identifies you and reports about the care and services you receive at the CPRC. For example, it includes information about a possible diagnosis, medications, medical/mental health history, treatment/recommendations, health insurance, and other demographic information.

Health care providers are obligated to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regarding PHI. Records relating to students in post-secondary institutions are protected by the Family Educational Rights and Privacy Act (“FERPA”). Nevertheless, the CPRC has chosen, with legal consultation, to abide by the requirements of HIPAA with respect to the PHI/ePHI of students, as if they were covered by HIPAA, with minimal exception made necessary due to the nature of an academic community.

This Notice about our privacy practices explains how, when, and why we may use and disclose your PHI/ePHI to carry out treatment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI/ePHI. We may not use or disclose any more of your PHI/ePHI than is necessary for the purpose of the use or disclosure, with some exceptions; and we will not use or disclose your health information without your authorization, except as is described in this Notice.



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Changes to This Notice

We are required to follow the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and our privacy policies and practices. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this Notice and post a new Notice in our offices and on our website: <http://www.indianhills.edu/life/cprc/confidentiality.php>. We will post the Notice as required by law and will have a copy of the revised Notice available in our offices. You may also request a copy of our current Notice at any time. The Notice will contain the effective date on the last page.

Uses and Disclosures of Protected Health Information Without Your Authorization

We are allowed by law to use and share your health information with others without your consent for many reasons. The following examples describe the categories of our uses and disclosures we may make without your permission. Please note that not every use or disclosure in each category is listed and these are general descriptions only. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such law.

- **Treatment** – We may use and disclose your PHI/ePHI to provide, coordinate, or manage your health care and any related services. For example, physicians, nurses, and other health care professionals who are involved in your care or consulting on your treatment will have access to your PHI/ePHI. Different health care professionals, such as pharmacists or psychiatrists also may share information about you in order to coordinate your care. In addition, we may send information to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you; or to the physician who referred you to the CPRC. At all times, we will comply with any regulations that apply.
- **Payment** – We may use and disclose your PHI/ePHI in order to bill and collect payment for the services we provide to you. For example, some health plans must make a determination that you are eligible for reimbursement for particular services before we can provide them to you, and we must provide them with PHI/ePHI to enable them to make such a determination. At this time however, the CPRC does not bill for services.
- **Health care operations** – We may use and disclose your PHI/ePHI as part of our routine operations, such as members of our staff and others outside of our offices who are involved in your care and treatment for the purpose of providing services to you. Additionally, this may include, but is not limited to: quality assessment activities, training and supervision of staff members, licensing, certification and conducting or arranging for other business activities.
- **Business Associates** – We may share your health information with others called “business associates,” who perform essential services on our behalf. Whenever we have an arrangement with a business associate, we will limit the amount of PHI/ePHI that we provide to the minimum necessary to accomplish the particular task. The Business Associate must agree in writing to protect the confidentiality of the information.

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525 Grandview Ave, Ottumwa, IA 52501 Trustee Hall, First Floor
641.683.5152; Counseling.Services@indianhills.edu



Counseling and Prevention Resource Center

- **Appointment reminders and health-related benefits or services** – We may use your PHI/ePHI to provide appointment reminders or give you information about treatment alternatives or other health care services. If you provide us with your mobile telephone number, we may contact you by call or text message at that number for treatment related purposes such as appointment reminders, intake paperwork/process, etc. We will identify as CPRC as the sender of the communication and provide you with a way to "opt out" and not receive further communication in this manner. With your consent, we may contact you on your mobile phone for certain other purposes.
- **Disaster Relief** – We may use or share PHI/ePHI with a public or private agency assisting in disaster relief to coordinate efforts to notify someone on your behalf.
- **Health Oversight Activities** – We may disclose PHI/ePHI to a health oversight agency that oversees the healthcare system and ensures that the rules of government health programs are being followed, such as for audits, investigations, inspections, licensure, and other activities, as authorized by law. For example, we may disclose PHI/ePHI to the Food and Drug Administration, state Medicaid fraud control, or the U.S. Department of Health and Human Service Office for Civil Rights.
- **Law Enforcement** – We may disclose health information to law enforcement authorities for law enforcement purposes, such as:
 - Is required by law, including reporting certain wounds and physical injuries;
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if we obtain the individual's agreement, or under certain limited circumstances, if we are unable to obtain the individual's agreement;
 - To alert authorities of a death we believe may be the result of criminal conduct;
 - Information we believe is evidence of criminal conduct occurring on our premises; and
 - In emergency circumstances to report a crime; the location of the crime or victims or the identity, description, or location of the person who committed the crime.
- **Legal Proceedings** – We may disclose PHI/ePHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request or other lawful process. In such cases, we may make reasonable efforts to notify you of the request or to obtain an order from the court protecting the information requested.
- **Organ or Tissue Procurement/Donation** – We may share PHI/ePHI with organizations that facilitate organ, eye or tissue procurement, banking or transplantation.



Counseling and Prevention Resource Center

- **Public Health and Safety** – We are required or are permitted by law to report PHI/ePHI for public health and safety to certain government agencies and for other public health activities. For example, we may share PHI/ePHI for the following:
 - To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, including reporting adverse reactions to medications or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify appropriate authorities authorized to receive reports of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, as mandatory reporters of child and dependent adult abuse or to report a particular type of injury), we will only make disclosures of abuse, neglect or domestic violence, if you agree.
 - To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products, including helping with product recalls;
 - To prevent or lessen a serious and imminent health or safety threat to you, another person or the public, if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target).
 - With parent or guardian permission, to send proof of required immunization to a school.
- **Deceased Individuals** – We may disclose PHI/ePHI regarding an individual’s death to coroners, medical examiners or funeral directors consistent with applicable law. We may disclose PHI/ePHI to a personal representative (for example, the executor of your estate), or to a family member or other person who acted as personal representative and was involved in your care or payment for care before your death, if relevant to such person’s involvement, unless doing so is inconsistent with any prior expressed preference that you have made known. We are required to comply with privacy protections for the PHI/ePHI of a deceased individual for a period of fifty (50) years following the death of the individual.
- **Workers’ compensation purposes** – We may disclose PHI/ePHI about you to your employer or others as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness or workplace medical surveillance.
- **National security and intelligence activities** – We may release PHI/ePHI to authorized federal officials when required by law. This information may be used to protect the president, other authorized persons or foreign heads of state, to conduct special investigations, for military, intelligence and other national security activities or specialized government functions, as authorized by law.
- **Research studies** – Under certain circumstances, we may disclose your PHI/ePHI to help conduct health research, subject, to certain safeguards. Research may involve finding a cure for an illness or helping to determine how effective a treatment is. In research studies, a Privacy Board or Institutional Review Board determines that measures are in place to protect your identity from disclosure to outside organizations.

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- **Incidental Uses and Disclosures** – There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. We will make reasonable efforts to limit these incidental uses and disclosures.
- **Required by Law** – We may use or disclose your PHI/ePHI to the extent that federal, state or local law requires. The use or disclosure will be made in compliance with the law and will be limited to the relevant provisions of the law. For example, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Federal Privacy Rules.

Uses and Disclosures for which you have the Opportunity to Object

In the following situations, we may disclose your PHI/ePHI if we inform you about the disclosure in advance and you do not object.

- **Hospital Directory** – We do not create or maintain a hospital directory.
- **Healthcare Affiliates/Alliances** – We do not participate in other healthcare affiliations/alliances, other than that which is listed in and applies to the “Business Associates” section.
- **Fundraising** – We will not contact you for fundraising efforts.
- **Disclosures to family, friends, or others** – We may provide your PHI/ePHI to a family member, friend, or other person you tell us is involved in your care or involved in the payment of your health care, unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest.

Uses and Disclosures Requiring Your Authorization

There are many uses and disclosures we will make only with your written authorization. These include:

- **Uses and Disclosures Not Described Above** – We will obtain your authorization for any use or disclosure of your medical information that is not described in the preceding examples.
- **Psychotherapy Notes** – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.



Counseling and Prevention Resource Center

- **Marketing** – We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- **Sale of medical information** – We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

Your Rights Regarding PHI/ePHI

You have certain rights regarding your health information that are specified in state and federal law. You have the right to:

- **Request Restrictions** – You can make a written request for a restriction on certain uses and disclosures of your information. We are not required to agree to such restrictions, but will attempt to accommodate reasonable requests. If we accept your request, we will document any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- **Request Confidential Communications** – You can receive confidential communications of your health information by alternative means or at alternative locations upon written request.
- **Inspect and Copy** – You have the right to inspect and obtain a copy of your health record upon written request. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery. You may be charged a fee as allowed by law to cover certain costs associated with your request.
- **Accounting of Disclosures** – You have the right to obtain an accounting of certain disclosures of your health information upon written request.
- **Amendment** – You have the right to ask us to amend certain medical information that we keep in your records if you think that information is inaccurate or incomplete. You may request an amendment for as long as that record is maintained. The CPRC may say “no” to certain requests, but we will tell you in writing within 60 days why we denied your request.
- **Paper copy of this Notice** – You can ask for a paper copy of this Notice at any time, even if you have asked to receive it electronically. You may pick up a copy at any location, or request that a copy be sent to you.
- **How to Exercise These Rights** – All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law.

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Revocation of Permission

If you provide us with permission to use or disclose your medical information, you may revoke that permission at any time, in writing. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

Complaints and Questions

If you wish to exercise any of the rights listed in this Notice, or if you have questions and would like additional information, you may contact our Privacy Officer either in writing or by telephone. If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint, and your care will not be compromised.

Contact Information:

Contact: **Privacy Officer**
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If you would like to file a complaint with the Secretary of the U.S. Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

EFFECTIVE DATE OF NOTICE: April 20, 2020