Notice of Policies and Practices to Protect the Privacy of Your Health and Psychological Information

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

IUPUI Counseling And Psychological Services (CAPS) may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **Treatment, Payment, and Health Care Operations**
  - Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another health care provider.
  - Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of this facility. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Use** applies only to activities within this facility, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of this facility, such as releasing, transferring, or providing access to information about you to other parties.
- **Authorization** is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

CAPS may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes your therapist has made about your conversations during an individual, group, joint, or family counseling session, which is kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have 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.

III. Uses and Disclosures with Neither Consent nor Authorization

CAPS may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse** – If we believe that a child is a victim of child abuse or neglect, we must report this belief to the appropriate authorities.
- **Adult and Domestic Abuse** – If we believe or have reason to believe that an individual is an endangered adult, we must report this belief to the appropriate authorities.
- **Health Oversight Activities** – If the Indiana Attorney General’s Office (who oversees complaints brought against therapists) is conducting an investigation into a therapist at CAPS, then we are required to disclose PHI upon receipt of a subpoena.
- **Judicial and Administrative Proceedings** – If you are involved in a court proceeding and a request is made for information about the professional services we provided you and/or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not
apply when you are being evaluated for a third party or where the evaluation is court ordered. You
will be informed in advance if this is the case.
• Serious Threat to Health or Safety – If you communicate to us an actual threat of violence to cause
serious injury or death against a reasonably identifiable victim or victims or if you manifest conduct
or make statements indicating an imminent danger that you will use physical violence or use other
means to cause serious personal injury or death to others, we may take the appropriate steps to
prevent that harm from occurring. If we have reason to believe that you present an imminent, serious
risk of physical harm or death to yourself, we may disclose information in order to protect you. In
both cases, we will only disclose what is the minimum amount of information necessary.
• Worker’s Compensation – CAPS may disclose protected health information 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.

IV. Client’s Rights and Therapist’s Duties

Client Rights:
• Right to Request Restrictions – You have the right to request restrictions on certain uses and
disclosures of protected health information. However, CAPS is not required to agree to a restriction
you request.
• 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 you are being
seen for treatment at this facility. On your request, we 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 PHI in the
CAPS mental health and billing records used to make decisions about you for as long as the PHI is
maintained in the record. Your access to PHI may be denied under certain circumstances, but in some
cases you may have this decision reviewed. 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 an amendment of PHI for as long as the PHI is
maintained in the record. We could deny your request. On your request, we will discuss with you the
details of the amendment process.
• Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI.
On your request, we will discuss with you the details of the accounting process.
• Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request,
even if you have agreed to receive the notice electronically.

Therapist Duties:
• We are required by law to maintain the privacy of PHI and to provide you with a notice of
our legal duties and privacy practices with respect to PHI.
• CAPS reserves the right to change the privacy policies and practices described in this notice.
Unless we notify you of such changes, however, we are required to abide by the terms
currently in effect.
• If we revise our policies and procedures, we will, 1) notify clients of CAPS currently in
treatment of all revisions and, 2) publish any and all revisions effecting former clients on the
CAPS website, http://life.iupui.edu/caps

V. Complaints
If you are concerned that CAPS in any way has violated your privacy rights, or you disagree with
a decision made about access to your records, you may contact Indiana University Office of Risk
Management, Poplars Hall, Bloomington, IN (812) 855 9758.

You may also send a written complaint to the Secretary of the U.S. Department of Health and
Human Services. The person listed above can provide you with the appropriate address upon
request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy
This notice will go into effect on April 14, 2003. CAPS reserves the right to change the terms of
this notice and to make the new notice provisions effective for all PHI that are maintained at this
facility. You will be provided with a revised notice, 1) in writing if you are a current client at
CAPS or, 2) by CAPS website http://life.iupui.edu/caps if you are a former CAPS client.