

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS
IMPORTANT TO US.**

OUR LEGAL DUTY

The University Health & Counseling Services is required by applicable federal and state law to maintain the privacy of your health information. The University Health & Counseling Services is also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice is currently in effect and will remain in effect until we replace it.

The University Health & Counseling Services reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are 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 that we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and health care operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization:

In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke that authorization in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends:

We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Your Care:

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only that health information directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing:

We will not use your health information for marketing communications without your written authorization.

Required by Law:

We may use or disclose your health information when we are required to do so by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, postcards, or letters.

Other:

Subject to certain requirements, we may give out health information about you without your prior authorization for public health purposes, abuse or neglect reporting, health oversight

audits or inspections, research studies, funeral arrangements and organ donation, worker's compensation purposes, and emergencies, including national security activities.

We may also be involved as a study site and serve as researchers in connection with certain clinical trials. Our participation in the advancement of science and medicine may be of benefit to you as our clinicians often are aware of experimental and new treatments. In order to provide you with useful information concerning the availability to you of these treatments, we may review your medical record from time to time to determine whether you may be eligible to participate in certain studies in which you would then have access to experimental treatments. Only our clinicians will review your medical record during these reviews, and none of your protected health information will be disclosed to third parties without your specific authorization. If it is preliminarily determined that you may be eligible to participate in such treatment and that such treatment may be beneficial to you, your doctor or a member of our staff will contact you with further information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

Access/ Copies:

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format that you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost for the expenses such as copying, mailing and staff time. If we deny your request to review or obtain a copy of your health information, you may submit a written request for a review of that decision.

Correction or Amendment:

You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request to amend a record if the information was not created by us; if it is not part of the health information maintained by us; or if we determine that the health information is correct. You may appeal, in writing, a decision by us not to amend your health information.

Disclosure Accounting:

You have the right to receive a list of instances in which we or our business associates have disclosed your health information for purposes other than treatment, payment or healthcare operations, or where you have authorized the disclosure, in the past 6 years, but not before April 17, 2006. You must request a disclosure accounting in writing. If you request this accounting more than once in a 12-month period, we may charge you a reasonable fee for responding to your additional requests.

Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency, or where disclosure is required by law.

Alternative Communication:

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing.

Electronic Notice:

If you receive this Notice on our Web site or by electronic mail, you are entitled to receive a copy of this Notice in paper form.

QUESTIONS AND COMPLAINTS:

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that your privacy rights have been violated, or you disagree with a decision we have made about access to your health information or in response to any request you have made, you may complain to us using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services, whose address we will provide upon your request.

We support your right to the privacy of your health information. We will not retaliate against you in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT INFORMATION:

University Health & Counseling Services Privacy Officer:

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