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.

**Effective January 12, 2015**

**What good is this notice to me?**

This Privacy Notice tells you about your rights about your health care records. You get a copy of this Privacy Notice to keep for yourself. You can look at this copy anytime to see what use is made of your health care records and who gets to see them. A new government rule requires that we give you this Privacy Notice.

Our policy has always been to keep your confidential information safe. Your records are usually kept in a folder of papers with your name on it. Your records are also stored in a computer. Your records tell what treatments and tests you have had, and what decisions the professionals have made.

This Privacy Notice details what your health care records are, your rights about those records, who can see them without your written authorization, and who cannot see them unless you give a written authorization.

**What are my health care records?**

Your confidential information can be all of these: communication between a patient and a professional, written records, and/or computer files.

Your written records can include:
- Records of your identity
- Information about your diagnosis
- Assessment instruments
- Notes about your sessions with the professional
- Other communication with the professional, such as phone messages or email
- Treatment information
- Records from other professionals about your previous assessment, diagnosis, and treatment that is kept in your treatment record

**What are my rights about my treatment records?**

You have the right to access your treatment record.
- Parents may have access to the treatment record of their child.
- You may request copies or a summary of your treatment record. We will charge a fee to cover the costs of copying the record or preparing a report.
- If your clinician and his or her supervisor determine that access would be harmful to your mental, emotional or psychological well-being, he or she may deny you access to your treatment record. If your clinician and supervisor choose to deny you access, he or she must provide you a written statement of the reasons for the decision.
You have the right to amend your treatment record.
  ○ You can request corrections if you identify errors and mistakes.
  ○ You cannot remove or alter the treatment record, only add information.
  ○ If you determine that any part of your treatment record is inaccurate, you may write a statement that describes and corrects the inaccuracy. Your statement will become a part of the treatment record. Your mental health provider is not obligated to agree with your statement.

You have the right to request additional restrictions on your confidential information.
  ○ For example, you may restrict specific uses related to treatment, payment, and operations. However, your treatment provider is not obligated to agree to your restrictions.

You have the right to know to whom your confidential information has been disclosed.
  ○ We will exercise reasonable care to make sure your treatment records and personal information is kept confidential.
    ○ For example, we restrict who can enter the administrative office. Our workspaces are not easily visible from the waiting area. We ask clients to wait in the waiting room so as to not overhear what is said in professionals’ offices.
    ○ You have the right to know any other disclosures of your confidential information beyond those permitted for treatment, payment and operations.

**Who can see my confidential information without my written OK?**

A provider is permitted to disclose protected health information without an individual’s consent for certain purposes:
  ○ Treatment, which includes the provision, coordination, or management of health care services for an individual by one or more health care providers.
    ○ Your clinician may discuss your case with a supervisor either individually or in a group setting with other professionals in training. If you wish to speak to any of the supervisors, ask your clinician for their names.
  ○ Payment, which includes activities to determine coverage and provision of benefits, to obtain reimbursement or payment for services.
    ○ The Family Life Center does not accept any third-party payments (e.g., insurance, Medicaid). However, we will complete appropriate forms to allow you to receive reimbursement, provided your symptoms meet the necessary diagnostic criteria.
    ○ Operations, which includes quality assurance activities, provider performance evaluation, treatment audits, business planning, business management and general administrative activities of the provider.

A provider is permitted by state law to disclose confidential information in certain situations:
  ○ Whenever you have given specific permission to disclose confidential information
    ○ In marital therapy sessions, both clients are required to give permission to disclose confidential information. Because most sessions in marital therapy include both partners, both individuals are necessary to give permission to disclose information about the therapy.
  ○ Court proceedings affecting the parent-child relationship
  ○ Criminal proceedings
When a patient sues professional
Licensure complaints
If the patient shows a probability of imminent harm
A provider is required by state law to disclose confidential information if the provider has reason to suspect:
- child abuse
- abuse of the elderly or disabled
- abuse in a health care facility
- sexual exploitation by a mental health provider
In these instances, a provider is not required to inform the client that confidential information has been disclosed.

Who cannot see my confidential records without my OK?
If state law does not require or permit the mental health professional to disclose confidential information, then the provider must have your permission to disclose your personal information.
- We will ask your consent for disclosures to other persons or institutions, such as your primary care physician, other mental health professionals, family members, or social support network.
- We will ask your permission to provide appointment reminders or otherwise to contact you by phone at home, work, or mobile phone. We may ask permission to contact you by email.

What are the mental health provider’s duties to protect health care records?
The mental health provider is required by law to maintain the privacy of your confidential information and to provide you with a notice of privacy practices to maintain confidential information.
The mental health provider is required by law to abide by the terms of this notice. The provider reserves the right to change the terms of this notice and make the new provisions effective for all confidential information that he or she maintains.

What if I want further information about this notice?
If you want further information about this notice, please contact Molly O’Phelan, Ph.D., Clinical Administrator, Family Life Center, St. Mary's University at (210) 438-6401.

What do I do if I have complaints about my mental health provider?
If you believe your privacy rights have been violated, you may file a written complaint with the Department of Counseling, St. Mary's University. You will not be retaliated against for making a complaint.
ACKNOWLEDGEMENT OF PRIVACY PRACTICE

I, _______________________________________________________, acknowledge that I received a copy of the privacy practices of St. Mary's University Family Life Center.

____________________________________ ________________________
Client Signature Date

____________________________________ ________________________
Client Signature Date

____________________________________ ________________________
FLC Clinician Signature Date