

NOTICE OF PRIVACY POLICIES

FOR

BEHAVIORAL HEALTH COUNSELING SERVICES
(BHCS)

PALOMAR COMMUNITY COLLEGE
Student Health Services

Revised 4/5/18

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records. You can ask to see or get a copy of your health and claims records and other health information we have about you. Please submit a brief written statement indicating what information you are requesting. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records. You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by calling or contacting:

Behavioral Health Counseling Services
NB Building – Room 2
Palomar Community College
1140 West Mission Road
San Marcos, CA 92069
(760-891-7531)

You can also file a complaint by sending a letter to the:
U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OTHER USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Administer your plan. We may disclose your health information to your health plan sponsor for plan administration.

Help manage the health care treatment you receive. We can use your health information and share it with professionals who are treating you. If you are joining a new managed care plan, we can share your information with that plan for reasons such as care coordination and to make sure that you can get services on time.

Run our organization. We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Pay for your health services. We can use and disclose your health information to obtain payment for your health services. We can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, appeals, care coordination, and case management.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research. We may use or share your information to researchers for health research when the research has been approved by an Institutional Review Board that has reviewed the research and established protocols to ensure the privacy of your health information.

Comply with the law. We will share information about you if state or federal law requires it including:

- the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law
- for workers' compensation purposes
- law enforcement purposes
- any health oversight agency for activities authorized by law
- any special government functions such as military, national security, and presidential protective services
- response to lawsuits and legal actions

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that have been given to you. This Notice of Privacy Practices provides information about how your protected health information is used and disclosed. We encourage you to read it in full. This Notice of Privacy Practices is subject to change. If the Notice is changed, you will receive a copy of the revised notice.

I acknowledge receipt of the Notice of Privacy Practices of Behavioral Health Counseling Services (BHCS), Palomar Community College – Student Health Services.

Client Signature (parent/guardian if client under age 18)

Date

FOR OFFICE USE ONLY

I attempted to obtain written acknowledgement of receipt of the Notice of Privacy Practices but acknowledgement could not be obtained.

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- Client was incapable of signing
- Other (specify) _____

Clinician

Date