



Counselor Education Community Clinic

NOTICE OF HEALTH INFORMATION PRACTICES

Effective Date: January 4, 2011

Dates Amended: September 23, 2013

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.

WHO WILL FOLLOW THIS NOTICE. This notice describes the health information practices of the UAB Community Counseling Clinic. All entities, sites and locations of the UAB Community Counseling Clinic follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the UAB Community Counseling Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the UAB Community Counseling Clinic, whether made by clinic staff or your individually assigned counselor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Notify you in the case of a breach of your identifiable medical information; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use health information about you to provide you with clinical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical residents or students, or other UAB Health System personnel or people outside our facility who are involved in taking care of you. For example, your information may be disclosed during individual and/or group supervision or during consultations with other professionals in order to maximize treatment quality. We also may disclose health information about you to other professionals who may be involved in your clinical treatment, such as your internist or psychiatrist. We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Quality Improvement Purposes.** We may use and disclose health information about you for routine operations of the UAB Community Counseling Clinic. These uses and disclosures are necessary to run the UAB community Counseling Clinic and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many UAB Community Counseling

Clinic clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the health information we have with health information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are.

- **Business Associates.** There are some services provided in UAB Community Counseling Clinic through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Individuals Involved in Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Appointment Reminders and Health-Related Benefits and Services** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose health information about you to researchers when their clinical research study has been approved by UAB's or the facility's Institutional Review Board. While most clinical research studies require specific patient consent, there are some instances where patient authorization is not required. For example, a research project may involve comparing the health and recovery of all patients who received one type of treatment to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.
- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money for the UAB Community Counseling Clinic. We may disclose health information to a foundation related to the UAB Community Counseling Clinic so that the foundation may contact you in raising money for UAB Health System. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the UAB Community Counseling Clinic. If you do not want us to contact you for fundraising efforts, you must notify the Entity Privacy Coordinator in writing.
- **Certain Marketing Activities.** UAB Health System may use health information about you to forward promotional gifts of nominal value, to communicate with you about services offered by UAB Community Counseling Clinic, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for

spreading the disease. We may disclose medical information to an employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.

- **Victims of Abuse, Neglect or Domestic Violence.** We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release health information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Other uses and disclosures.** We will obtain your authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

Although all records concerning your care obtained at UAB Community Counseling Clinic are the property of UAB Community Counseling Clinic, you have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes billing records but does not include psychotherapy notes.

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the Entity Privacy Coordinator. If you request a copy (paper or electronic) of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another UAB faculty member in the Counselor Education Department chosen by the UAB Community Counseling Clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the entity.

To request an amendment, your request must be made in writing on the required form and submitted to the Entity Privacy Coordinator. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the entity;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must state a time period which may not be longer than six years and cannot include dates before January 4, 2011. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on the required form to the Entity Privacy Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want

to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance.**

In some instances, you may choose to pay for a healthcare item or service out of pocket, rather than submit a claim to your insurance company. You have the right to request that we not submit your health information to a health plan or your insurance company, if you, or someone on your behalf, pay for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing on the required form to the Entity Privacy Coordinator prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies.

➤ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing on the required form to the Entity Privacy Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, <http://www.uab.edu/education/counselingclinic/>. To obtain a paper copy of this notice, contact the Entity Privacy Coordinator.

CHANGES TO THIS NOTICE

➤ We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the UAB Community Counseling Clinic facilities. The notice will contain on the first page the effective date. In addition, each time you visit the UAB Community Counseling Clinic to receive services, we will make available a copy of the current notice in effect.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Entity Privacy Coordinator. If you believe your privacy rights have been violated, you may file a complaint with the UAB Community Counseling Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the UAB Community Counseling Clinic, contact the Entity Privacy Coordinator. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

NOTICE EFFECTIVE DATE: The effective date of the notice is January 4, 2011, and amended on September 23, 2013.

Entity Privacy Coordinator:

UAB Community Counseling Clinic
Privacy Coordinator
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