



OFFICE OF PERSONAL COUNSELING
Policies and Practices to Protect the Privacy of your Health Information

Welcome to Counseling Services. In order for counseling services to be effective, issues of confidentiality regarding what is discussed in your meeting with a counselor are extremely important. This notice describes how psychological and counseling information about you may be used and disclosed and how you can obtain access to this information. All members of the Counseling Services staff are bound by the same rules of confidentiality and professional ethics. All non-mental health staff has been provided training about protecting privacy and the implications of the Health Insurance Portability and Accountability Act known as “HIPPA”. Please review this notice carefully and feel free to ask any questions if you have concerns or confusion regarding “HIPPA”.

Under HIPPA, which is a federal law, we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information. This law will provide Antioch College students who are receiving services at Counseling Services with a greater degree of privacy and protection as it relates to their counseling records.

How we May Use or Disclose your Health Information

The following describes the purposes for which we are permitted or required by law to use or disclose your information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time. Under the HIPPA privacy rule, the disclosure of medical or mental health records information is limited to the **minimum** necessary to accomplish the purpose of the disclosure.

Treatment: With your written permission, Counseling Services may use or disclose your psychological and counseling records to provide, coordinate or manage health care and treatment. An example of this would be when we consult with another health care provider, such as The Community Network (TCN), your family physician, or another counselor, psychologist or psychiatrist regarding your case.

Insurance: With your written permission, Counseling Services can communicate information with an insurer regarding your healthcare. Examples are when we disclose information contained in your records to your health insurer to assist you in obtaining reimbursement for your health care, medication or to determine eligibility or coverage.

Counseling Operations: Counseling may use or disclose information related to your clinical record for activities that relate to the performance and operation of Counseling Services. Examples of counseling operations are quality assessment and improvement activities, administrative services such as monthly reports, and case management and care coordination. For example, the staff of Counseling Services may

use information in your clinical record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.

Research: Research refers to utilizing information related to your clinical care and psychological records for research purposes that has been approved by the university review board, is in compliance with state and federal law, and assures the privacy of your health information.

Additional Disclosures with Neither Consent nor Authorization

Although these situations are generally rare in the day-to-day operations of Counseling Services, we may use our disclose information related to your care without your consent or authorization in the following circumstances:

Serious Threat to Health or Safety: When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, the Counseling Services may communicate relevant information concerning this to the potential victim, appropriate family members, Dean of Students, Resident Life Managers, law enforcement, or other appropriate authorities.

Child Abuse: If Counseling Services knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that this agency report such knowledge or suspicion to the Ohio Department of Child and Family Services.

Adult and Domestic Abuse: If there is a reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited this agency is required by law to immediately report such knowledge or suspicion to the Adult Protective Services.

Health Oversight: If a complaint is filed against Counseling Services with the Ohio Department of Mental Health, Counseling Services has the authority to subpoena confidential mental health information relevant to the complaint.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and Counseling Services will not release information without the written authorization of you or your legal representative. However, if we have been issued a court order, release of your counseling information is required under the law. 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.

Counseling Services Patient's Rights Related to HIPPA and Protected Health Information (PHI):

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Counseling Services is not required to agree to a restriction you request if we conclude that it would hinder the appropriate care that we can provide you. For example, if you are receiving medication from a family physician or psychiatrist, and you request that we restrict or not contact them, we may conclude that it would interfere with appropriate and effective treatment. If these issues arise, your Counseling Services therapist will discuss these matters with you.

Right to Amend – You have the right to request an amendment of Protected Health Information for as long as the PHI is maintained in the record. Your written request must include the reason or reasons that

support your request. Counseling Services has the option of denying your request for an amendment if we determine that the record that is the subject of the request was not created by Counseling Services, is not available for inspection as specified by law, or is accurate and complete. Upon your request, Counseling Services will discuss with you the details of the amendment process.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from Counseling Services: in fact the copy that you are reviewing is your copy. You may also request an additional copy of this document.

Counseling Services’ Responsibilities Related to HIPPA and Psychological Records:

Counseling Services is required by law to maintain the privacy of PHI and provide to provide you with a notice of legal duties and privacy practices with respect to PHI.

Counseling Services reserves the right to change the privacy policies and practices described in this notice as required by changes in state and federal law regarding PHI.

IF Counseling Services revises its policies and procedures, we will provide you with a written update.

Complaints: If you are concerned that Counseling Services has violated your privacy rights, or disagree with a decision Personal Counseling has made about access to your records, you may submit a complaint in writing to Mila Cooper, Vice President of Student Affairs, Antioch College, One Morgan Place Yellow Springs, Ohio 45387. You may also send written complaint to the Secretary of the U.S. Department of Health Services. The person listed above can provide you with the appropriate address upon request.

*****PLEASE BE AWARE THE HEALTH SERVICES TEAM AT ANTIOCH (DOCTOR, NURSE AND MENTAL HEALTH THERAPISTS) DO NOT REQUIRE A WRITTEN RELEASE OF INFORMATION TO COMMUNICATE WITH ONE ANOTHER ABOUT STUDENT HEALTH INFORMATION. THIS IS TO COORDINATE CARE AND TO BEST SERVE STUDENTS AROUND ISSUES INCLUDING BUT NOT LIMITED TO: MEDICATION MANAGEMENT, SUBSTANCE ABUSE, AFFECT/MOOD MANIFESTATIONS AND ANY OTHER RELEVANT AND/OR EMERGENT OCCURRENCES IN A STUDENT’S LIFE THAT WOULD HAVE AN IMPACT ON THEIR HEALTH*****

Signature of Student: _____

Date: _____

Clinician: _____

Date: _____