NOTICE OF PRIVACY PRACTICES
Psychological Services Center
University of Nevada, Reno
(Effective April 14, 2003)

This notice describes how your health information may be used and disclosed by the Psychological Services Center (PSC) at the University of Nevada, Reno, your rights pertaining to that information, and how you can gain access to that information. Please review it carefully.

Understanding Your Client Health Information

Understanding what is in your health record and how your health information is used will help you to ensure its accuracy, allow you to better understand who, what, when, where and why others may access your health information, and assist you in making more informed decisions when authorizing disclosure to others. When you visit us, a record is made of your symptoms, examination, test results, diagnoses, treatment plan and other medical information. Your record is the physical property of the Psychological Service Center (PSC), the information within which belongs to you. In using and disclosing your protected health information, it is our objective to follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464, even if this is not required for treating students. The law allows us to use and disclose your health information Without your specific authorization for treatment, payment and operations, when there is suspected child or elder abuse or neglect, when in the therapist's judgment a client is determined to be dangerous to the self or others, when client material is ordered to be released by the court as an essential part of a legal proceeding, when the commission of a crime is being investigated, and during court-ordered treatment. All other uses and disclosures require your specific authorization.

Your Health Information Rights

• Request a restriction on certain uses and disclosures of protected health information as described in this notice, but we are not required to agree to the restriction you request. You should address your request in writing to the designated Privacy Officer. We will notify you within 30 days if we cannot agree to the restriction.
• Obtain a paper copy of this notice and upon written request, inspect and obtain a copy of your health record for a fee of $0.60 per page and the actual cost of postage per NRS 629.061, except that you are not entitled to access to, or to obtain a copy of, information compiled for legal proceedings.
• Amend your health record by submitting a written request with the reasons supporting the request to the designated privacy officer. In most cases, we will respond within 30 days: We are not required to agree to the requested amendment.
• Obtain an accounting of disclosures of your health information, except that we are not required to account for disclosures for treatment, payment, operations, or pursuant to authorization, among other exceptions.
• Request in writing to the Policy Officer that we communicate with you by a specific method at a specific location. We will typically communicate with you in person or by letter and/or telephone.
• Revoke an authorization to use or disclose health information at any time except to the extent that action has already been taken.

Responsibilities of the PSC

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 your protected health information.
• Abide by the terms of the notice currently in effect. We have the right to change our notice of privacy practices in which case we will post the new changes in the lobby and a copy will be available to you upon request. These changes will apply to all of your protected health information, including information obtained prior to the change.
• Accommodate reasonable requests to communicate with you about your protected health information by alternative means or locations.
• Use or disclose your health information only with your authorization except as described in this notice.
• In some circumstances, state or federal law may prohibit or further restrict the disclosure of your health information. If that is the case, we are required to follow the more stringent law.

For More Information or to Report A Problem

For more information or to report a problem, you may contact the designated Privacy Officer, Anthony Papa, Ph.D at (775) 784-6668. If you feel your rights have been violated, you may file a complaint in writing with the designated privacy officer. If you are not satisfied with the resolution of the complaint, you may also file a complaint with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Use and Disclosure of Protected Health Information

We may use or disclose your protected health information for treatment, payment and operations, and for purposes described below:

We will use your health information for treatment: e.g. we will use and exchange information obtained by a mental health professionals, staff; and trainees in our office to determine your best course of treatment. The information obtained from you or from other providers will become part of your mental health records.

We will use your health information for payment: e.g. we may send a bill to you or to your insurance carrier. The information statement or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used as necessary to obtain payment.

We will use your health information for regular health care operations: e.g. Mental health professionals, trainees, a Risk or Quality Improvement team, or similar internal operations may use your information to assess the care and outcomes of your care in an effort to improve the quality of the healthcare and service we provide or for educational purposes. For example, an internal review team may review your medical records to determine the appropriateness of care. There may also be times in which our accountants, auditors or attorneys may be required to review your health information to meet their responsibilities.

Other uses and disclosures not requiring authorization

• Disclosures required by law or for threats to safety: We may disclose your health information as required by law, or if necessary to avert a serious threat to health or safety, although disclosures are limited if information is obtained through counseling or therapy.
• Public Health: As allowed by law, we may disclose your health information to public health or other government authorities to report threats of harm to self or others, child or elder abuse or neglect, and domestic abuse, in which case you may be notified of the disclosure.
• Law Enforcement and Court Proceedings: We may disclose health information to law enforcement in the following circumstances 1) information required by law, 2) limited information for identification and location purpose, 3) information regarding suspected victims of crime, although we will usually attempt to first obtain your agreement to release the information, 4) information about a deceased client if we have a suspicion that the death resulted from criminal conduct, 5) information that we believe in good faith establishes that a crime has been committed on our
premises, and 6) certain information regarding a crime occurring off premises during our providing of emergency health care we may also disclose health information to others as required by court or administrative order, or in response to a valid summons or subpoena. For civil subpoenas, we will seek assurances from the requesting party that reasonable efforts have been made to inform you of the subpoena.

- Research: We may disclose health information to researchers where you have authorized such disclosure. We may also disclose health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or the disclosure is approved by an Institutional Review Board (IRB) or properly constituted Privacy Board if the Board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information.

Disclosures requiring authorization
All other disclosures of protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already relied upon the authorization.

Acknowledgment of Receipt
Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below.

I acknowledge that I have received this Notice of Privacy Practices with an effective date of ______/______/_______.

____________________________________  ______________________
Signature of Client                      Date

Printed Name

-----------------------------------------------------------------------------------------------------------------------------

For Office Use Only

Notice of Privacy Practices sent/delivered on ______/______/_______. Initials ________

Signed Acknowledgment of Receipt received on ______/______/_______. Initials ________

Patient Refused or Failed to Acknowledge Receipt on ______/______/_______. Initials ________

v. 4/14/03