Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW COUNSELING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your counseling record contains personal information about you. State and federal law protects the confidentiality of this information. “Protected health information (PHI)” is information about you, including demographic information, that may identify you and that relates to your past, present or future mental health.

This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with all applicable laws. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect of PHI.

We are required to abide by the terms of this Notice of Privacy Practices. Your counselor reserves the right to change the terms of this Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make a revised Notice of Privacy Practices available by posting a copy on the DigiPen Institute of Technology Counseling Center website at https://www.digipen.edu/student-affairs/counseling-center/, sending a copy in the mail to you upon request, or providing one to you at your next appointment.

For more information see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Your Rights Regarding Your Protected Health Information (PHI): 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 paper or electronic medical record
Depending on certain circumstances, you can ask to inspect or get an electronic or paper copy of your medical record and other health information we have about you.

Correct your paper or electronic medical record
You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why. You have the right to write a statement of disagreement if a requested amendment is denied.

Request confidential communication
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 say “yes” to all reasonable requests.

Ask us to limit what we use or share
You can ask us not to use or share certain health information for treatment and 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 your information
You can ask for a list of times we’ve shared your health information including who we shared it with, and why. We will accommodate reasonable requests and will not ask why you are making the request.

Get a copy of this privacy notice
You have a right to 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.

File a complaint if you believe your privacy has been violated
You can file a complaint in writing with your counselor, his or her supervisor, or with the Secretary of Health and Human Services (with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visit www.hss.gov/ocr/privacy/hippa/complaints/) if you feel we have violated your privacy rights. We will not retaliate against you for filing a complaint.

Uses and Disclosures of PHI for Counseling

Treat you
We can use your health information and share it with other professionals who are treating you. This may include coordination or management of your counseling treatment with other health care providers, or referral to another provider for health care services.

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law
We may use or disclose your PHI to the extent that the use of disclosure is required by law, made in compliance with law, and limited to the relevant requirements of the law. We also must make disclosure to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

Abuse or Neglect
We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, information that we disclose is limited to only that information which is necessary to make the initial mandated report.

Investigation and Statistics
We may disclose PHI regarding deceased students for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Threat to Health or Safety
We may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safe of the public or another person.

Criminal Activity on DigiPen Premises, Against Your Counselor, DigiPen Personnel, Students or Visitors
We may disclose your PHI to law enforcement officials if you have committed a crime on DigiPen premises or against faculty, staff, students or visitors therein.
Compulsory Process
We may disclose your PHI if a court of competent jurisdiction issues an appropriate order. We will disclose your PHI if you and the counselor have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, and no protective order has been obtained, and your counselor has satisfactory assurance that you have received notice of an opportunity to have limited or quashed the discovery demand.

Uses and Disclosures of PHI with Your Written Authorization
Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke the authorization at any time, unless we have taken an action in reliance on the authorization of the use or disclosure you permitted.

Contact Information
If you have additional questions about this Notice of Privacy Practices, please contact:

Kay Widmer, MS, LMHC
Director of Counseling Services
DigiPen Institute of Technology
9931 Willows Road NE
Redmond, WA 98052
(425)629-5015

Scheduling Appointment
May we contact you by email for scheduling purposes? Yes / No (Our messages will be identified as “Counseling Center,” “Appointment,” or “Missed Appointment.”)
Your Email Address: ___________________________________
(Email is not a confidential form of communication. As such, we use it only for scheduling purposes. Any therapeutic issues should be discussed in person with your therapist.)

Acknowledgement
I hereby acknowledge receiving a copy of this notice.

________________________________________
Student Signature  Date  Student Name (print)

________________________________________
Counselor Signature  Date  Counselor Name (print)

Effective Date of this Notice of Privacy Practices: February 10, 2014