

Chaffey College Student Health Services

Health Insurance Portability and Accountability Act Notice of Privacy Practice

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.

Uses & Disclosure

Chaffey College Student Health Services collects personal health information about you that may be used for two

Primary Purposes:

1. **Treatment** – A personal counseling record will be established and maintained to keep track of facts relevant to your health.
2. **Health Care operations** – In order to provide you with high quality health care we may need to be able to share your personal health information for purposes during an emergency. Again, we are committed to using the minimum necessary information to achieve these purposes.

In addition, we will use or disclose your personal health information under the following circumstances:

- When we receive a valid authorization from you
- If we are required by law to disclose your personal health information to others such as public health agencies

Required Disclosures

We are required to disclose the information to you if you request it and we are required to disclose the information to the United State Department of Health & Human Services (USDHHS) for compliance determinations of this practice.

We may disclose information about you without your authorization for the following reasons:

- **Child Abuse:** If your therapists knows or suspects that a child has suffered or faces a threat of suffering a physical or mental wound, injury, disability or condition that would reasonably indicate abuse, neglect, he/she is required by law to immediately report that knowledge or suspicion to the California Child Protective Services or a peace officer.
- **Adult and Domestic Abuse:** If your therapist has reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect or exploitation, he/she is required by law to immediately report such belief to Adult Protective Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information, a written authorization from you, or a court is required.
- **Serious Threat to Health or Safety.** If you pose a clear and substantial risk of imminent serious harm to yourself or others, relevant confidential information may be disclosed to public authorities, the potential victim, other professionals, and your family in order to protect you and others from harm.

Other uses and disclosures will be made only with your written authorization and you may revoke such authorization by writing to us at our practice address or delivering a written revocation to us in person.

We may periodically call you to remind you of appointment and we may advise you of treatment alternatives and that may be of interest to you based on counseling goals.

Your Rights

You have the right to restrictions on the use of disclosure of your personal health information; however we are not obligated to accept your restrictions. If we do accept the restriction it must be compiled with fully on our part.

You have a right to a paper copy of this notification. The current version will be provided to you at your request.

Our Duties

We are obligated by law to protect your privacy and we will do our utmost to fulfill that duty to you. We will abide by all the terms in this notification but we reserve the right to change the terms of this notice and the personal health information it protects. You are entitled to a copy of those changes.

We will do our very best to make certain your rights are protected and we carry out our responsibilities to you. If you have any complaints we encourage you to contact us. It is our sincere desire to preserve your privacy and fulfill our duties.

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