## Department of Psychology Psychological Services Center DeKalb, IL 60115-2828

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**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN THE ACKNOWLEDGEMENT OF RECEIPT.

# Protecting Your Personal and Health Information

Northern Illinois University and the Psychological Services Center are committed to protecting the privacy of patient personal and health information. Applicable Federal and State laws require us to maintain the privacy of our patients’ personal and health information. This Notice explains our privacy practices, our legal duties, and your rights concerning your personal and health information. In this Notice, your personal or protected health information (PHI) is referred to as “health information” and includes information regarding your health care and treatment with identifiable factors such as your name, age, address, income or other financial information. We will follow the privacy practices described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until replaced.

# How We Protect Your Health Information

We protect your health information by:

* Treating all of your health information that we collect as confidential.
* Stating confidentiality policies and practices in our PSC staff handbooks, as well as disciplinary measures for privacy violations.
* Restricting access to your health information only to clinic staff who need to know your health information in order to provide our services to you and evaluate our services to you.
* Only disclosing your health information that is necessary for an outside service company to perform its function on the PSC’s behalf; such companies have by contract agreed to protect and maintain the confidentiality of your health information.
* Maintaining physical, electronic, and procedural safeguards to comply with federal and state regulations guarding your health information.

# Uses and Disclosures for Treatment, Payment, and Health Care Operations

The Psychological Services Center may *use* or *disclose* your *protected health information* (PHI), for *treatment, payment, and health care operations* purposes, as long as you *consent to receive evaluation or treatment services from the PSC.* To help clarify these terms, here are some definitions:

*Treatment* is when a clinician provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when a clinician consults with another health care provider, such as your family physician*.*

*Payment* is when a clinician obtains reimbursement for your healthcare. Examples of payment are when the PSC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

*Health Care Operations* are activities that relate to the performance and operation of the PSC. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination, conducting training and educational programs or accreditation activities.

*Use* applies only to activities within the PSC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

*Disclosure* applies to activities outside of the PSC, such as releasing, transferring, or providing access to information about you to other parties.

# Uses and Disclosures Requiring Authorization

The Psychological Services Center may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the PSC is asked for information for purposes outside of treatment, payment or healthcare operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the PSC relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

# Limits of Confidentiality

For training purposes clients are discussed with the clinicians’ supervisors. Additionally, in order to effectively manage cases, a staffing team comprised of other clinicians and supervisors may briefly discuss clients. Clinicians’ supervisors regularly review recorded sessions; staffing teams may also review recorded sessions upon occasion. Office personnel will have access to client files and billing information.

In addition, all PSC personnel are mandated reporters; therefore, confidentiality must be waived under the following conditions:

* 1. If the clinician believes that a client is at risk of harming himself/herself or anyone else;
	2. If the clinician believes that a child is or at risk of being neglected or abused;
	3. If the clinician believes that an elder or disabled adult is being neglected, abused or financially exploited;
	4. If there is a court order for release of information;
	5. If the client is a minor (under 12 years of age), the client does not have a legal right to keep therapy or assessment information confidential from his/her parent(s) or guardian(s). If the client is a minor 12-17 years of age, the parent/guardian may request and receive only basic information, e.g., current physical and mental condition or diagnosis, unless the child gives consent. (For purposes of therapy, however, the parent/guardian may agree to grant the minor privacy in therapy.); or
	6. In accordance with Public Act 099-0278, if you are a current student enrolled at Northern Illinois University, you have been given the opportunity to declare a mental health emergency contact person (noted in the PSC “Consent to Treatment and/or Psychological Evaluation” form). If a client threatens to do harm to himself, herself, or others, the psychologist has a duty to contact the person designated as a mental health emergency contact.
	7. Based on the IL Firearm Concealed Carry Law (FOID; Public Act 098-0063), clients who are determined to be a clear and present danger to themselves and/or their community, or who are determined to be developmentally or intellectually disabled, must be reported to the IL Department of Human Services FOID Mental Health Reporting System within 24 hours of determination.

# Patient’s Rights and PSC Duties

### Patient’s Rights:

*Rights to Request Restrictions –* You have the right to request additional restrictions on certain uses and disclosures of protected health information. The Psychological Services Center may not be able to accept your request, but if we do, we will uphold the restriction unless it is an emergency.

*Right to Receive Confidential Communications by Alternative Means and at Alternative Locations –* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at the PSC. On your request, the PSC will send your bills to another address.)

*Right to Inspect and Copy –* You have the right to inspect or obtain a copy (or both) of your PSC health records. A reasonable fee may be charged for copying or, if necessary, redacting the record. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision. On your request, we will discuss with you the details of the request and denial process.

*Right to Amend -* You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended. If the request is denied, a written explanation stating why will be provided to

you. You may also make a statement disagreeing with the denial which will be added to the information of the original request. If your original request is approved, we will make a reasonable effort to include the amended information in future disclosures. Amending a record does not mean that any portion of your health information will be deleted.

*Right to an Accounting –*You generally have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, program evaluation, payment, or operation, you have

the right to an accounting of each disclosure for the previous six (6) years. The accounting will include the date, name of person or entity, description of the information disclosed, the reason for disclosure, and other applicable information. If more than one (1) accounting is requested in a twelve (12) month period, a reasonable fee may be charged.

*Electronic vs. Paper Copy –* If you received this notice electronically (e.g., accessing a website), you have the right to obtain a paper copy of the notice from the PSC upon request.

### NIU Psychological Services Center Duties:

The Psychological Services Center is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices. The PSC and Northern Illinois University reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, the PSC is required to abide by the terms currently in effect.

# Other Restrictions

The Psychological Services Center must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.

In addition, couples and families seeking conjoint treatment sign a supplemental consent indicating they understand that the record of treatment services provided will not be released without authorization from all adults present. If one individual insists on their right to review and copy the record, the record would have to be redacted because of the Illinois Public Records Act which protects the release of information about others when a private record is released to an individual.

# Changes to this Notice

The Psychological Services Center and the University reserve the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. You may request a copy of the Notice at any time.

# Questions and Complaints

For questions regarding this Notice or our privacy practices, please contact the Psychological Services Center or the University Privacy Officer.

If you are concerned that your privacy rights may have been violated, you may contact the Psychological Services Center Director to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request.

If you choose to make a complaint with us or the U.S. Department of Health and Human Services, we will not retaliate in any way.

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