

## University Administrative Policy

Policy Name:	Privacy Practices
Responsible Office:	Counseling and Health Services
Effective Date:	November 1, 2022
Web Link:	<a href="https://records.salemstate.edu/policies/privacy-policy">https://records.salemstate.edu/policies/privacy-policy</a>

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### Privacy Practices

Counseling and Health Services understands that medical information about you and your health is personal. We are required by law to maintain the privacy of your medical information, to give you notice of our legal duties and our privacy practices regarding your medical information, to follow the terms of this notice, and to notify you in the event you are affected by a breach of your unsecured medical information. Except where otherwise noted herein, Counseling and Health Services will be referred to as "CHS." This policy will tell you about the ways in which CHS may use and disclose medical information about you. This notice of privacy practices applies to all CHS employees, physicians, clinicians, trainees, and interns.

#### Your Personal Medical Information

CHS creates a record of the care and services you receive. This policy applies to all of the records of your care generated by CHS, whether made by CHS personnel or by your personal healthcare provider off campus. Your healthcare provider may have a different policy regarding the use and disclosure of the medical information created in his or her office.

In general, when CHS releases your medical information, it will release only the information needed to achieve the purpose of the disclosure. All of your medical information, however, will be available for release to you or to another health care provider regarding your treatment, or pursuant to legal requirements.

#### How to Protect Your Confidential Health Information

In July 2018, the state of Massachusetts passed legislation to improve the ability for patients to protect access to their confidential health information. The law specifically addresses protections with insurance practices when a patient is covered under someone else's insurance, such as a parent or spouse. To learn more, visit Protecting Access to Confidential Healthcare.

# How The Health Center May Use Or Disclose Your Personal Medical Information

Under most circumstances, CHS may not use or disclose your medical information without your consent. Further, once your consent has been obtained, CHS must use or disclose your personal medical information in accordance with the specific terms of that consent. The following are the circumstances under which CHS is permitted by law to use or disclose your personal medical information.

## I. Uses and Disclosures Without Your Consent

**Treatment:** A healthcare provider may use the information in your medical record to provide you with medical treatment or services that best address your healthcare needs. The treatment selected will be documented in your medical record, so that other healthcare professionals can make informed decisions about your care.

Patients will be asked to provide permission for consent to treat annually upon their first visit to CHS. This consent will be documented in the patient record.

**Payment:** In order for an insurance company to pay for your treatment, CHS must submit a bill that identifies you, your diagnosis, and the treatment provided to you. If required for billing reasons, information pertinent to the visit, including clinical notes, will be shared with insurance and your primary care provider. Patients will be asked to provide permission for consent to bill annually upon their first visit to CHS. This consent will be documented in the patient record. Counseling visits are not billed to insurance providers.

**Health Care Operations:** CHS may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care that CHS delivers.

**Health-Related Benefits and Services or Treatment Alternatives:** CHS may use and disclose medical information to tell you about health-related benefits and services that might interest you or to recommend other treatment options.

**To those involved with your care or payment of your care:** If people such as family members, relatives, or close personal friends are helping care for you or pay your medical bills, CHS may release to them medical information about you, including your location within our facility, your general condition, or your death.

**To Disaster Relief Organizations:** CHS may release your medical information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.

**For public health activities:** CHS may be required to report your medical information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases (including sexually transmitted infections and other contagious illnesses), injuries, birth or death

information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect.

For health oversight activities: CHS may disclose your medical information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

For activities related to death: CHS may disclose your medical information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death.

For organ, eye or tissue donation: CHS may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes if you are an organ donor.

For military, national security, or incarceration/law enforcement custody: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, CHS may release your medical information to the proper authorities.

For workers' compensation: CHS may disclose your medical information to the appropriate persons in order to comply with the laws related to workers' compensation.

As required by law: CHS must report some of your medical information to state or federal legal authorities, such as law enforcement officials, court officials, or government agencies. For example, it may have to report abuse, neglect, sexual assault, domestic violence or certain physical injuries, or to respond to a court order.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, CHS may disclose your medical information in response to a court or administrative order, subpoena or discovery request, but only if it has first given you notice of the order, subpoena or discovery request and an opportunity to quash it.

To avoid a serious threat to health or safety: As required by law and by the standards of ethical conduct, CHS may release your medical information to the proper authorities if it believes, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

As Otherwise Permitted by Law.

## II. Other Uses and Disclosures

Uses and disclosures for purposes other than described above require your consent. For example, CHS must obtain your consent before disclosing your medical

information to a life insurer or to an employer, except under those special circumstances when a disclosure is required by law.

### III. Specific Provisions Regarding Counseling Services Records

The confidentiality of counseling relationships is maintained in a manner consistent with accepted professional standards and with state and federal law. Under normal circumstances, no persons outside of Counseling and Health Services, including your parents and other university officials, are given any information (even the fact that you have been to the Counseling Services) without your prior written consent, except where it is permitted or required by law to disclose the information as follows:

If Counseling Services believes that you may be at risk of harming or killing yourself, it is required to take action to try to ensure your safety. Under such circumstances, it may be necessary for Counseling Services to seek hospitalization for you and/or contact family members or other individuals who might also help provide protection.

If Counseling Services believes that you may be at risk of harming or killing another person or persons, it is required to take action. In such instances, it may be necessary to warn the potential victim, to notify the campus and local police, and/or to seek hospitalization for you.

If there is suspected emotional, physical, and/or sexual abuse or neglect of a minor, Counseling Services is required by law to inform the MA Department of Children and Families.

In cases of suspected emotional or physical injury to or neglect of a disabled person (including nonconsensual sexual activity), Counseling Services is required by law to inform the Disabled Person's Protection Commission and any other appropriate agencies.

In instances of suspected emotional or physical injury to or neglect of an elderly person (including financial exploitation), Counseling Services is required by law to inform the Department of Elder Affairs.

If you file a complaint or lawsuit against Counseling Services or one its counselors or staff, Counseling Services may disclose relevant information regarding you in order to defend itself and its personnel.

In the event of a court order or other mandatory legal process, Counseling Services may be required to release records to the court.

In cases where you have been the victim of gender based violence, including sexual assault, sexual harassment, stalking, or domestic violence, Counseling Services is required to report basic information about the assault to the campus Title IX

coordinator, and to university police. It is your choice whether we make this report anonymously or include your name.

If you have any questions about confidentiality, please talk with your counselor or contact the CHS Privacy Officer.

#### IV. Your Rights To Your Medical Information

You have the following rights with regard to your medical information:

Right to a paper copy of this notice:

You may ask for a paper copy of this Notice of Privacy Practices, even if you agreed to receive it electronically. To obtain a paper copy of this notice, please call CHS at 978.542.6410 and request one.

##### **Right to inspect and copy your medical information:**

With a few exceptions, you have the right to view and request a paper or electronic copy of your medical information. CHS will provide a copy or summary of your health information, usually within 30 days of your written request. We may charge you a reasonable cost-based fee.

##### **Right to request to amend your records:**

If you believe your medical information is incorrect, you may ask CHS to correct the information for as long as it is kept by CHS. To request an amendment, you must make your request in writing to the CHS Privacy Officer, and you must give a reason as to why your medical information should be changed. CHS may deny your request in writing within 60 days of your request if: it does not include a reason to support the request; if CHS disagrees with you and believes your medical information is correct; the information is not part of the information which you would be permitted to inspect or copy, if CHS did not create the medical information that you believe is incorrect; or, if the information is not kept by or for CHS.

##### **Right to receive confidential communication of medical information:**

The CHS utilizes a HIPAA compliant-secure messaging tool in the electronic health record (EHR) on occasion to communicate health information, including but not limited to lab results, with patients. This information and all correspondence will be documented in the patient's electronic health record. Patients may choose to limit or refuse this type of correspondence, which will be documented in the patient record. You may ask that CHS communicate your medical information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. CHS will accommodate reasonable requests of this nature.

**Right to revoke authorization:**

You have the right to revoke your consent in writing at any time, except to the extent that CHS has already relied on it in making an authorized disclosure. You must make your request in writing to the CHS Privacy Officer to revoke a previous authorization,

**Right to request restrictions:**

You have the right to ask for restrictions on the use and sharing of your health information for treatment, payment, or healthcare operations. We will comply with your restriction requests if your treatment, tests, and services are paid for out of pocket and in full. You may not ask for restrictions regarding information that we are legally required to make. You can also ask for restrictions to notify you about appointments, test results, etc. To request restrictions, you must make your request in writing to the CHS Privacy Officer.

**Right to an accounting of disclosures:**

You have the right to get a record of the times that your health information has been shared. This does not include disclosures for purposes of treatment, payment or healthcare operations, disclosures for which you provided written authorization, sharing your information with persons involved in your care, using your information to communicate with you about your health condition, sharing information for national security or intelligence purposes or to correctional institutions and law enforcement officials who have custody of you. You must make your request in writing to the CHS Privacy Officer.

**Right to notice of a breach:**

You will be notified if a breach of your unsecured medical information has occurred. CHS will send you a written notice via first class mail which will detail the type of information disclosed, any necessary steps that you should take to protect yourself from potential harm resulting from the breach, a description of our actions taken to investigate the breach and to mitigate the harm and protect against further breaches.

**V. Changes To This Policy**

CHS reserves the right to change the privacy practices described in this Policy, in accordance with the law. If changes to this Policy are made, a revised Policy will be posted at all health service delivery sites on campus and will be made available to you at your request. The revised Policy will also be posted on the University's website.

## VI. Questions, Complaints, or Concerns

If you have questions, complaints, or concerns regarding the privacy of your medical records or questions regarding the information in this Policy, please contact the CHS Privacy Officer at the address below:

Salem State University  
Counseling and Health Services  
Privacy Officer  
352 Lafayette Street  
Salem, MA 01970

978.542.6410 (phone)

978.542.7121 (fax)

You can also file a complaint with the US Department of Health and Human Services Office for Civil Rights at the address below. We will not retaliate against you for filing a complaint.

200 Independence Avenue  
SW Washington, DC 20201  
877.696.6775

[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)