

**UNIVERSITY of CALIFORNIA SANTA BARBARA -
NOTICE OF PRIVACY PRACTICES**

This notice describes how mental health information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.

The University of California, including the Hosford Counseling & Psychological Services Clinic at UCSB, is a teaching and research institution. Graduate students, fellows and residents may participate in your care as a part of their mental health training programs. All care is overseen and supervised by a licensed mental health professional. All information describing your mental health treatment and related health care services ("mental health information") is personal, and we are committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. If we disclose information to other persons or institutions, we will do so only as required or permitted by law. This Notice applies to your clinician, counselor, psychotherapist, psychiatrist and other health care professionals who provide care to you. We must also provide certain protections for information related to your medical diagnosis and treatment, including HIV/AIDs, and information about alcohol and other substance abuse. The Hosford Clinic abides by all state and federal laws related to the protection of this information. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities.

HOW WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:

For TREATMENT We may provide information about you to doctors, therapists, students and others involved in your care. For example, we may give information about your psychological condition to other health care providers to facilitate your treatment, referrals or consultations.

For PAYMENT We may use and disclose

information about you for billing and payment purposes. For example, we may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier.

For HEALTHCARE OPERATIONS We may use and disclose information about you for certain Hosford business purposes. For example, we give information to University psychological and medical services staff to review the quality of care provided, for performance improvement or for the training of health professionals.

For APPOINTMENTS AND SERVICES to remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

To INDIVIDUALS INVOLVED IN YOUR CARE, such as your parents, if you are a minor, or your conservator.

WITH YOUR WRITTEN AUTHORIZATION We may use or disclose mental health information for purposes not described in this Notice only with your written authorization. You may revoke that permission in writing at any time. We are unable to take back any disclosures that we have already made with your permission.

WE MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION

AS REQUIRED BY LAW such as the reporting of child abuse, elder abuse or dependent adult abuse.

For HEALTH OVERSIGHT ACTIVITIES to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

In JUDICIAL PROCEEDINGS in response to court/administrative orders, subpoenas, discovery requests, warrants or other legal process.

To PUBLIC HEALTH AUTHORITIES to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices.

To LAW ENFORCEMENT as authorized by law, such as to assist in an involuntary hospitalization process.

For RESEARCH PURPOSES subject to a special

review process and the confidentiality requirements of state and federal law.

To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY We may use and disclose mental health information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. We may notify the person(s) being threatened or tell someone who could prevent or lessen the harm.

To MILITARY COMMAND AUTHORITIES, as authorized by law, if you are or were a member of the armed forces.

To FEDERAL OFFICIALS, for national security activities or to protect certain government officers, like the President.

YOUR MENTAL HEALTH INFORMATION IS THE PROPERTY OF THE HOSFORD CLINIC. HOWEVER, YOU HAVE THE FOLLOWING RIGHTS:

1. To Receive a Copy of this Notice when you obtain care.
2. To Request Restrictions or Limitations on the mental health information we disclose about you for treatment, payment or health care operations. You must make your request in writing. We are not required to comply with your request, except in limited circumstances. If we do agree to the request, we will comply except to the extent that disclosure has already occurred or if the information is needed to provide emergency treatment to you.
3. To Inspect and Request a Copy of Your Mental Health Record except in limited circumstances. You must make your request in writing. A fee will be charged to copy your record. You must put your request for a copy of your records in writing. If you are denied access to your mental health record for certain reasons, we will tell you why and what your rights are to challenge that denial.
4. To Request an Amendment and/or Addendum to your Mental Health Record. If you believe that information is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or

addendum must be in writing and give a reason for the request. We may deny your request for an amendment if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or, if the information is already accurate and complete. Even if we accept your request, we do not delete any information already in your records.

5. To Receive an Accounting of Certain Disclosures we have made of your mental health information. You must make your request in writing.

6. To Request That We Contact You by Alternate Means (e.g., fax versus mail) or at alternate locations. Your request must be in writing, and we must honor reasonable requests.

OTHER USES OF MEDICAL INFORMATION We may use or disclose mental health information for purposes not described in this Notice only with your written authorization. You may revoke that permission in writing at any time. We are unable to take back any disclosures that we have already made with your permission.

CHANGES TO THIS NOTICE We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the most current Notice on the Hosford Clinic website:

<http://education.ucsb.edu/Graduate-Studies/CCSP/clinics-and-centers/hosford.html>

CONTACT INFORMATION: If you have wish to make any requests related to your mental health information or have any questions about this Notice, please contact the UCSB HIPAA Privacy Officer at Bldg. 533 (Rob Gym), Room 1020 Santa Barbara, CA 93106-5140, (805)893-4744. If you believe your privacy rights have been violated, please contact the UCSB HIPAA Privacy Officer (Rob Gym), (805) 893-4744 or you may contact the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.