

## LBCC College Student Health Services-Mental Health

### Health Insurance Portability and Accountability Act: Notice of Privacy Practices

#### PLEASE REVIEW CAREFULLY

##### Uses & Disclosure

LBCC Mental Health Services collects personal health information about you that may be used for two primary purposes:

**1. Treatment** - We'll prepare an information record each time we see you in or out of the office while you are under our care. This is used to keep track of changes in your condition and remind us of treatment, symptoms and other facts relevant to your overall health.

**2. Health Care Operations** - To provide you with high-quality health care we may need your permission to share personal health information 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 you give us an oral authorization
- If required by law to disclose your personal health information to others, e.g., public health agencies

##### Required Disclosures

We're required to disclose information to you at your request and to disclose information to the US Department of Health & Human Services (US DHHS) to ensure our practice's compliance. We may disclose information about you without authorization for the following:

- **Child Abuse:** If your therapist 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're involved in a court proceeding and a request is made for information, it requires a written authorization.
- **Serious Threat to Health or Safety:** If you pose a clear risk of imminent serious harm to self or others, relevant confidential information may be disclosed to authorities, the potential victim, and your family to protect you and others from harm.
- **Workers Compensation:** If you file a worker's compensation claim, the college may be required to give mental health information to relevant officials.

Other uses and disclosure will be made only with your written permission which you may revoke by writing to LBCC at its main address or by delivering a written revocation to us in person. We may at times call to remind you of an appointment or to advise you of treatment alternatives that may be relevant to you.

##### Your Rights

You have a right to request restrictions on the use and disclosure of your personal health information. SHS is not obligated to accept your restrictions. However, if we do accept the restriction it must be complied with fully on our part.

You have a right to inspect and have a copy of your personal health information. You can discuss this with your counselor.

You have a right to request amendments to your personal information. We will not amend any information we did not create. We are not obligated to make an amendment to your personal health information but we will include your request for the amendment as part of your personal health information.

You have a right to an accounting for the prior six years (but no earlier than the effective date of this notification) for uses and disclosure for purposes other than treatment and health care operations of psychological services. 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. We will take no retaliatory action against any person for exercising their right to the resolution of a grievance. To the contrary we encourage your comments and criticisms. If we cannot resolve the issue for you, you have the right to file a grievance and make a complaint to the US DHHS.

**To make a complaint or ask any questions concerning this policy please contact Mental Health Services directly at (562) 938-3987.**