




Notice of Privacy Practices

UNC Counseling Center



The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (Protected Health Information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are not permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.







-  Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
-  Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
-  Health Care Operations include the business aspects of running our clinics, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members who are directly involved in your care or who assist in taking care of you.

We will use and disclose your Protected Health Information when we are required to do so by federal, state or local law.

We may disclose your Protected Health Information to public health authorities who are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

We may release your Protected Health Information:

-  If requested by a law enforcement official for any circumstance required by law.
-  To a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
-  If necessary for funeral directors to perform their jobs.
-  To organizations that handle organ, eye or tissue procurement or transplantations, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.
-  When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person able to help prevent the threat.
-  If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

We may release your Protected Health Information:

- ➔ To federal officials for intelligence and national security officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- ➔ To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:
 - For the institution to provide health care services to you.
 - For the safety and security of the institution, and/or to protect your health or the safety of other individuals in the public.
- ➔ For workers' compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your Protected Health Information, which you can exercise by presenting a written request to our Privacy Official at the address listed below .

- The right to request restrictions on certain uses of disclosures of Protected Health Information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of Protected Health Information from us by alternative means or at alternative locations.
- The right to access, inspect, and copy your Protected Health Information.
- The right to request an amendment to your Protected Health Information.
- The right to receive an accounting of disclosures of Protected Health Information outside of treatment, payment, and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all Protected Health Information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our Privacy

Practices, please contact: The University Counsel
University of Northern Colorado
Carter Hall, Room 4003
Greeley, CO 80639
970-351-2399

For more information about HIPAA or to file a

complaint: The U.S. Department of Health and Human
Services, Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877-696-6775 (toll free)