Effective Date February 15, 2019

Psychological Services Center
At Syracuse University

NOTICE OF PRIVACY PRACTICES

As Required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Regulations

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This Notice of Privacy Practices ("NPP") is made in compliance with the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Standards") established by the United States Department of Health and Human Services ("DHHS") as required under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This NPP summarizes the privacy practices of the Psychological Services Center at Syracuse University ("PSC"). The Privacy Standards shall control in the event of a discrepancy between this NPP and the Privacy Standards.

PSC is required under HIPAA to protect the privacy of your Protected Health Information ("PHI"), as defined below, and to inform you, through this NPP, about:

1. the duties of PSC with respect to your PHI;
2. how PSC may use and disclose your PHI;
3. your privacy rights with respect to your PHI;
4. your right to file a complaint with PSC and with the Secretary of the DHHS; and
5. who to contact for further information about the privacy practices of PSC.

PHI, as defined by HIPAA, includes individually identifiable information about you that is transmitted or maintained by PSC, including demographic information, and includes information that is created or received by PSC that relates to:

- your past, present or future physical or mental health or condition;
- the provision of health care services to you; or
- the past, present, or future payment for the provision of health care to you.

PSC is required to abide by the terms of the NPP that is currently in effect for PSC. PSC reserves the right to revise or amend the terms of this NPP. Any revision or amendment to the NPP will be effective for all records that PSC has created or maintained in the past, and for any of your records that PSC may create or maintain in the future. You will be informed of any material changes made to our NPP**.** In addition, PSC will post a copy of our most current NPP in our reception area at all times. You may also obtain a copy of our most current NPP at any time by asking for a copy at the time of your next visit, or by calling our office at 315-443-3595

If you have any questions about this NPP or would like further information about HIPAA, please contact our Privacy Official, Afton Kapuscinski, Ph.D., at 315-443-3595.

HOW PSC MAY USE AND DISCLOSE YOUR PHI

HIPAA permits PSC, its Business Associates, and their agents/subcontractors, if any, to use and/or disclose your PHI, without prior authorization, for the purposes of treatment, payment, and other health care operations of PSC, which are described below. PSC will disclose your PHI to its Business Associates only if it has received satisfactory assurances that its Business Associates will appropriately safeguard your PHI. HIPAA also permits PSC to use and disclose your PHI, without prior authorization, for other specific purposes that are also described below. For each category, we have provided a description and some examples of the permitted uses and/ or disclosures. The following examples are illustrative and are not meant to be a complete description of the permitted uses and disclosures of PSC.

- **Treatment.** PSC may use and/or disclose your PHI with other health care providers who are involved in your care and treatment. For example, PSC may use or disclose PHI about you to physicians, nurses, paraprofessionals, technicians, or other PSC' personnel who are involved in your care and treatment. Many of the people that work for PSC, including, but not limited to, our health care providers, may use or disclose your PHI in order to treat you or to assist others in your care and treatment. We may also disclose PHI about you to health care providers outside of our office who are involved in your care or treatment. For example, we may disclose your PHI to a referring physician or a current psychiatric provider. We may also share your PHI in order to coordinate services, such as referral for additional psychological treatment or assessment services.

- **Payment.** PSC may use and/or disclose your PHI in order to bill or to collect payment for services you have received from PSC. For example, we may use or disclose PHI to your health insurer or to another party responsible for payment in order to obtain payment, or to certify that you are eligible for benefits. We may also disclose to your insurer information about a treatment or service you may receive from PSC in order to obtain prior approval for such service, or to determine whether your plan will cover the treatment or service.

  Your PHI may be disclosed in order to collect unpaid balances, which may include referring the issue of nonpayment to Bursar Operations for Syracuse University students, or to the University Treasurer's Office for non-students.

- **Health Care Operations.** PSC may use and/or disclose PHI in order to conduct its normal business operations. For example, PSC may use your PHI to review the treatment and services it provided, to evaluate the performance of its staff in caring for you, or to educate its staff on how to improve the care they provide to you. PSC may also disclose your PHI to another entity that performs business services on behalf of PSC, such as billing companies, technology and software vendors, attorneys, or external auditors. Prior to such disclosures, however, HIPAA requires PSC to sign a Business Associate Agreement with such entities to ensure the protection of your PHI.

- **Appointment Reminders/Follow up Telephone Calls/Emails.** PSC may use and/or disclose PHI to contact you with a reminder that you have an appointment for treatment or medical care. Such contacts may include telephone messages and/or if consent is provided, electronic mail messages. We may also call to follow up on care you received, to communicate the need to schedule assessment feedback, or to confirm an appointment with PSC or another health care provider.

- **Treatment Alternatives or Other Health-Related Benefits and Services.** PSC may use and/or disclose PHI to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you.

- **Individuals Involved in Your Care or Payment for Your Care.** Subject to the Family Educational Rights in Privacy Act ("FERPA"), HIPAA permits PSC to disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you, if:

    - you are present for, or otherwise available prior to the disclosure and we have either obtained your agreement to the disclosure, provided you the opportunity to object to the disclosure, or PSC has reasonably inferred from the circumstances that you do not object to the disclosures;

    - due to your incapacity or an emergency circumstance, PSC has determined that a disclosure is in your best interest – in such circumstances, PSC will only disclose PHI that is directly relevant to the person's involvement with your health care.

- **Emergencies.** PSC may use and/or disclose PHI to provide you with emergency treatment in emergency situations

- **As Required By Law.** PSC may use and/or disclose your PHI if we are required to do so under any federal, state or local law.

- **Public Health Risks.** PSC may use and/or disclose your PHI to authorized public health officials (or a foreign government agency collaborating with such officials) so such officials may carry out public health activities. For example, PSC may disclose your PHI to public health officials for the following reasons:

    - to prevent or control disease, injury or disability; .

- to report child abuse or neglect;

- to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, if such notice is authorized by law relating to public health investigations or interventions.

- **Victims of Abuse, Neglect, or Domestic Violence.** Unless disclosure of PHI is permitted under another provision of HIPAA and State law, (for example, the disclosure is "required by law"), and except for reports of child abuse or neglect, PHI about an individual believed to be a victim of abuse, neglect, or domestic violence may be disclosed to a governmental authority authorized to receive such reports if the individual agrees or the reporting entity believes, in the exercise of professional judgment, that the disclosure is necessary to prevent serious physical harm. If the individual lacks the capacity to agree, disclosure may be made if not intended for use against the individual and delaying disclosure would materially hinder law enforcement aactivity. The individual whose PHI has been released must be promptly informed that the report was made unless doing so would place the individual at risk of serious harm. PSC will make every effort to obtain your permission before releasing this information, however, in some cases PSC may be required or authorized to act without your permission.

- **Health Oversight Activities.** PSC may disclose your PHI to a health oversight agency for activities authorized by law. These agencies typically monitor the operation of the health care system, government benefits programs, and compliance with government regulatory programs. The oversight activities may include audits; civil, criminal, or administrative investigations or actions; inspections; and/or licensure or disciplinary actions.

- **Lawsuits and Similar Proceedings.** PHI may be disclosed in response to a court order requiring disclosure upon a finding by the court that the interests of justice significantly outweigh the need for confidentiality. The order must be executed by a judge or clerk of the court, since they are impartial parties with no vested interest in the outcome and can make a determination that the interests of justice significantly outweigh the need for confidentiality.

Only the PHI expressly authorized by such to be disclosed should be released. A cover letter should accompany the PHI so released, in which a request is made that the PHI be reviewed in camera by an authorized judge or clerk of the court.

- **Law Enforcement Purposes.** PSC may disclose your PHI to law enforcement officials for the following reasons under the specified conditions:
    - for law enforcement purposes, including in response to a law enforcement official's request for such information to identify and locate a suspect, fugitive, material witness, or missing person
    - to a district attorney, when the request for information is in connection with and in to the furtherance of a criminal investigation of patient abuse
    - in response to a court order or court-ordered subpoena
    - in response to a law enforcement official's request for PHI about an individual who is or is suspected to be a victim of a crime

Disclosure is permitted if (1) the individual agrees to the disclosure, or (2) if the agreement cannot be obtained because of incapacity or other emergency circumstance, provided that the law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim; or the law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would materially and adversely be affected until the individual is able to agree to the disclosure; or the disclosure is in the best interests of the individual, using the exercise of professional judgment.

- **Research.** In most cases, PSC will ask for your written authorization before using and/or disclosing your PHI to conduct research. However, in limited circumstances we may use and/or disclose PHI without authorization if: (i) the use or disclosure was approved by an Institutional Review Board or a Privacy Board; and (ii) we obtain representations from the researcher that the information is necessary for the research protocol, PHI will not be removed from our practice, and the information will be used solely for research purposes; or (iii) the PHI sought by the researcher relates only to decedents and the researcher agrees that the use or disclosure is necessary for the research.

- **To Avert Serious Threat to Health or Safety.** PSC may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, PSC will only share your PHI with a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or if it is necessary for law enforcement authorities to identify or apprehend an individual.

- **To Collect Unpaid Balances**. PSC may disclose your PHI in order to collect overdue balances that have not been paid.

- **Specialized Government Functions.** PSC may use and disclose PHI regarding:

    - Intelligence, counter-intelligence, and other national security activities authorized by law;

    - Protective services for the President, to foreign heads of state, or to other persons authorized by law;

    - Inmates to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual.

- **Workers' Compensation.** PSC may disclose your PHI for workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses.

Except as otherwise indicated in this NPP, uses and disclosures for all other purposes will be made only with your written authorization. You may revoke any authorization at any time,

provided that your revocation is done in writing, and except to the extent that PSC has already relied upon your authorization.

YOUR RIGHTS REGARDING YOUR PHI

HIPAA provides you with the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your PHI contained in a "designated record set" for as long as PSC maintains the PHI in the designated record set, except for psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI maintained by PSC that is subject to the Clinical Laboratory Improvement Amendments of 1988.

  A "designated record set" is a group of records maintained by or for PSC that is the medical records and billing records about you.

  To inspect or obtain a copy of your PHI contained in a designated record set, please submit a request in writing to Privacy Official, Psychological Services Center, 765 Irving Avenue, Room 314, Syracuse, New York 13210. If you request a copy of your record set, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is $0.75 per page and must generally be paid before or at the time we provide you with copies of your PHI. PSC will respond to your request for inspection of records within 10 days, and will respond to requests for copies within 30 days if the information is located within our facility and within 60 days if the information is located off-site at another facility. If PSC needs additional time to respond to your request for copies, we will notify you in writing within the time frame above to explain the reason(s) for such delay and when you can expect to have a final answer to your request.

  Under certain circumstances, PSC may deny your request to inspect or obtain a copy of your PHI. If your request for inspection is denied, we will provide you with a written notice explaining our reasons for such denial, and will include a complete description of your rights to have the decision reviewed and how you can exercise those rights.

- **Right to Amend.** You have the right to request that PSC amend your PHI or a record about you in a designated record set for as long as the information is kept by PSC, if you feel that the PHI PSC has about you is incorrect or incomplete.

  PSC may deny your request for amendment if it determines that the PHI or record that is the subject of the request:

  - was not created by PSC, unless you provide a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;

  - is not part of the designated record set;

- would not be available for your inspection under the Privacy Standards (as described in Right to Inspect and Copy Section, above); or

- is accurate and complete.

To request an amendment, your request must be made in writing and submitted to Privacy Official, Psychological Services Center, 765 Irving Avenue, Room 314, Syracuse, New York 13210. In addition, your request should include the reasons(s) why you believe PSC should amend your information.

PSC will respond to your request for amendment no later than 60 days after the receipt of your request. If PSC needs additional time to respond to your request, we will notify you in writing within 60 days to explain the reason(s) for the delay and the date by which we will complete your request.

If PSC denies your request for an amendment we will provide you with a written notice of the denial that explains the reasons for doing so. You will have the right to submit a written statement disagreeing with the denial. You will also be informed of how to file a complaint with PSC or with the Secretary of the DHHS. These procedures will be explained in greater detail in any written denial notice.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of disclosures PSC has made regarding your PHI. An accounting of disclosures will include all disclosures except the following:

  - Disclosures to carry out treatment, payment, and health care operations;

  - Disclosures made to you;

  - Disclosures made pursuant to your authorization;

  - Disclosures made in a facility directory or to persons involved in your care;

  - Disclosures for national security or intelligence purposes;

  - Disclosures to correctional institutions or law enforcement officials; or

  - Disclosures made before August 15, 2016.

  The accounting of disclosures will be in a format that is consistent with the requirements of the Privacy Standards. To request an accounting of disclosures, you must submit your request in writing to: Privacy Official, Psychological Services Center, 765 Irving Avenue, Room 314, Syracuse, New York 13210. Your request must include a time period of requested disclosures, which may not be longer than six years and may not include dates before August 15, 2016. The first list you request within a 12-month period will be free. Additional lists within the same 12-month period will be assessed a charge for the costs of

providing the list. PSC will notify you of the cost involved, at which time you may choose to withdraw or modify your request before any costs are incurred.

PSC will respond to your request for an accounting of disclosures within 60 days from the receipt of such request. If PSC needs additional time to prepare the accounting, we will notify you in writing within 60 days about the reason for the delay and provide you with the date when you can expect to receive the accounting.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI PSC uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information that PSC discloses about you to someone who is involved in your care, like a family member, relative, friend, or other person(s) identified by you.

  PSC is not required to agree to your request for restrictions. If PSC does agree to a requested restriction, PSC may not use or disclose PHI in violation of such restriction, unless the information is needed to provide you with emergency care or treatment, or as otherwise required by law. Under certain circumstances PSC may terminate its agreement to a restriction.

  To request restrictions, you must make your request in writing to**:** Privacy Official, Psychological Services Center, 765 Irving Avenue, Room 314, Syracuse, New York 13210. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that PSC communicate with you and your PHI in a certain way or at a certain location. For example, you can ask that PSC only contact you at work or by mail.

  PSC will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and how payment for health care will be handled if PSC communicates with you through this alternative method or location. To request confidential communications, you must make your request in writing to**:** Privacy Official, Psychological Services Center, 765 Irving Avenue, Room 314, Syracuse, New York 13210.

- **Right to Receive a Paper Copy of This NPP.** You have the right to receive a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Official at PSC (i.e., the Clinic Director, Dr. Afton Kapuscinski), with Syracuse University's Privacy Officer, and/or with the Secretary of the Department of Health and Human Services. To file a complaint with PSC, please submit a written complaint to: Privacy Official, Psychological

Services Center, 765 Irving Avenue, Room 314, Syracuse, New York 13210. To file a complaint with Syracuse University's Privacy Officer, please submit a written complaint to Privacy Officer, Office of Risk Management, Skytop Office Building, Syracuse, New York 13244. The submission of a complaint to PSC, Syracuse University's Privacy Official, or to the Secretary of the Department of Health and Human Services will not affect your status as a patient PSC. You will not be retaliated against for filing a complaint.

CONTACT PERSON

If you have any questions about this Notice of Privacy Practices, please contact:

Afton Kapuscinski, Ph.D.
Psychological Services Center
765 Irving Ave., Rm 314
Syracuse, New York 13210
(315) 443-3595