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.

NOTICE OF PRIVACY PRACTICES

Psychology Clinic
Washington State University
P.O. Box 644820
Pullman, WA 99164-4820
509-335-3587 Fax: 509-335-1030

The Washington State University Psychology Clinic (Clinic) is required by law to maintain the privacy of your protected health information (PHI). This Notice tells you how we use and disclose your PHI. This Notice also outlines your rights and our legal obligations under the Health Insurance Portability and Accountability Act (HIPAA). This updated Notice is effective January 1, 2014.

Protected Health Information

The privacy practices outlined in this Notice apply to your health information, created or received by the Clinic, that identifies you and relates to your past, present or future physical or mental condition. Your PHI includes your treatment plan, test results, diagnoses, health information from other providers, and financial information that could identify you. The information often contained in your medical record serves as a means of communication among the many health professionals who contribute to your care.

Uses and Disclosures

The law allows us to use and disclose your PHI for purposes of treatment, payment, and health care operations. We may also disclose your PHI without your written authorization when required or authorized by law. Other uses and disclosures will be made only with your written authorization, which you may revoke at any time, except to the extent that we have already acted on your authorization.

Treatment. Your therapist will record your information in your medical record and will discuss your health with other practitioners to help decide what treatment or assessment is right for you.

Payment. If we are treating you through a contract with the State of Washington Department of Veterans Affairs or the State of Washington Department of Social and Health Services, we will give them information about you so they can pay for your services.

Healthcare Operations. The Clinic is a mental health service, training, and research center operated by the Department of Psychology. The Clinic is staffed by graduate student therapists in the Clinical Psychology Ph.D. program under the direct supervision of licensed faculty members. We will review your medical records to assess the performance of our student therapists and to ensure you are receiving the appropriate treatment. We can contact you to remind you about appointments and give you information about treatment alternatives or other healthcare related benefits and services.

Disclosures Required or Authorized by Law. The Clinic will comply with legal notification requirements and authorizations, which include the following circumstances:

- To report a reasonable belief that a child has suffered abuse or neglect [RCW 26.44.030]. For reporting purposes, a child is anyone under the age of 18 [RCW 26.44.020].
- To report a reasonable belief that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred [RCW 74.34.035].
- To prevent or minimize an imminent danger to the health or safety of the patient or any other person [RCW 5.60.060(9)(e)].
- To comply with a court order or subpoena.

Revised 1/2014
Your Rights
You have the right to request restrictions on certain uses and disclosures of your PHI; however, we are not required to agree to your requested restriction. You have the right to receive confidential communications about your PHI by reasonable alternative means and locations. You have the right to inspect and receive a copy of your PHI, except for psychotherapy notes and other exceptions provided by law. (Charges for copies of your medical record will apply.) You have the right to request an amendment to your PHI to correct any errors or omissions. You have the right to receive an accounting of disclosures of your PHI, except for disclosures exempted by law. You have the right to receive a paper copy of this Notice.

Our Duties
The Clinic is required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI we maintain. Any revisions to this Notice will be posted online and in a clear and prominent location at the Clinic.

Complaints
You may complain to the Clinic and to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. The Clinic will not retaliate against you for filing a complaint if you have questions, want more information or want to report a problem about the handling of your PHI, you may contact the WSU Psychology Clinic Privacy Officer at:
  P.O. Box 644820
  Pullman, WA 99164-4820
  (509) 335-3587
You may contact the U.S. Department of Health and Human Services Office of Civil Rights at:
  200 Independence Avenue SW
  Washington DC 20201
  (877) 696-6775
  www.hhs.gov/ocr/privacy/hipaa/complaints