

UNIVERSITY HEALTH SERVICES—NOTICE OF PRIVACY PRACTICES

To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY of an individual. We may notify the person, tell someone who could prevent the harm, or tell law enforcement officials.

To PROTECT CERTAIN ELECTIVE OFFICERS including the President, by notifying law enforcement officers of potential harm.

YOU HAVE THE FOLLOWING RIGHTS:

1. To Receive a Copy of this Notice when you obtain care.
2. To Request Restrictions. You have the right to request a restriction or limitation on the mental health information we disclose about you for treatment, payment or health care operations. You must put your request in writing. We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
3. To Inspect and Request a Copy of your Mental Health Record except in limited circumstances. 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) for 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 put your request for an accounting 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.

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. A current copy of the Notice of Privacy Practices will be posted on the CPS website:
<http://www2.ucsc.edu/counsel/privacy.html>.

CONTACT INFORMATION: If you have any questions about this Notice, please contact the HIPAA Privacy Officer at: Counseling and Psychological Services, UCSC, 1156 High St., Santa Cruz, CA 95064, or by telephone at (831) 459-2628.

If you believe your privacy rights have been violated, you may file a complaint with the UHS HIPAA Privacy Officer or with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

Effective Date: October 10, 2003