

## **Notice of Privacy Practices**

### **Our Legal Responsibility**

As mental health providers, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal duties and privacy practices. This requirement applies to all clients served by units within Western Illinois University that provide mental health to clients. If you have any questions or want more information about this notice, please contact Western Illinois University Office of Equal Opportunity and Access at 309-298-1977.

### **Your Protected Health Information (PHI)**

Throughout this notice we will refer to your protected health information as PHI. Your PHI includes information that identifies you and describes the care and services you receive. This notice applies to all of the records, both electronic and paper, about your care. It includes all information created by Western Illinois University staff. This staff includes intern students and faculty/staff members. This notice about privacy practices explains how, when and why we use and share your PHI. It explains your rights and our responsibilities and tells you where to get additional information. We may change the terms of this notice and our privacy policy in the future. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice on our website

<http://www.wiu.edu/coehs/cnedcsp/clinic/>

### **Uses of Protected Mental Health Information**

The WIU LGBTQ+ Clinic, where you receive services, collects mental health information about you and stores it in a chart and may also store it on a computer. This is your record. The record is the property of Western Illinois University, but the information in the record belongs to you. We use and disclose mental health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

**Mental health operations-** We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of care services you received or to evaluate the performance of mental health professionals who cared for you. We may also disclose information to counselor education internship students and faculty as part of our educational mission.

**Appointment reminders and health-related benefits or services-** We may use your PHI to provide appointment reminders or other mental health care services.

Law enforcement- We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of abuse, neglect, or domestic violence, and gunshot victims, and when ordered to do so in judicial or administrative proceedings.

### **Uses and Disclosures for which You Have the Opportunity to Object**

- Recording of assessments for education and training purposes
- Fundraising- providing your information to University entities for purposes of sending your materials for fundraising purposes
- Disclosures to family, friends, or others-providing information that you are a client. Except as described above, all other uses and disclosures of your PHI will require your authorization

### **Your Rights Regarding PHI**

- Request Restrictions. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Western Illinois University Office of Equal Opportunity and Access at 309-298-1977.
- Request Confidential Communications. If we send notices or information to you, you have the right to ask that we send PHI to you at a different address. For example, you may wish to have appointment reminders and assessment results sent to a PO Box or a different address than your home address. We will accommodate reasonable requests. To make a request, contact any member of your mental health care team.
- Inspect and Copy. You have the right to inspect and obtain a copy of information that may be used to make decisions about your care. To inspect and obtain a copy of this information, you must submit your request in writing to the WIU LGBTQ+ Clinic.

We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs of copying, mailing, or other supplies associated with your request.

Disclosures: You have the right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six years and your request may not include dates before 8/22/2022. The list will not include uses or disclosures made for treatment, payment or health care operations. In addition, the list will not include uses or disclosures that you have specifically authorized in writing. You must submit your request in writing to the Western Illinois University Office of Equal Opportunity and Access at 309-298-1977.

**Amend:** You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to: Release of Information, for amendment to your medical record.

**Paper copy of this notice:** You have the right to request a paper copy of this notice. You may pick it up the reception desk in the WIU LGBTQ+ Clinic.

**Revocation of Permission:** If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. You must make your request in writing to release information. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures previously made with your permission. Also, we are required to keep all records of the care that we provided to you.

**Complaints and Questions:** If you believe that your privacy rights have been violated, you may file a complaint with Western Illinois University, or with the Office of Civil Rights. To file a complaint with Western Illinois University, contact the Western Illinois University Office of Equal Opportunity and Access at 309-298-1977. You will not be penalized for filing a complaint and your care will not be compromised. If you have questions about this notice, any complaints about our privacy practices, or you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, please contact the Western Illinois University Office of Equal Opportunity and Access at 309-298-1977.