San Francisco State University
Counseling and Psychological Services

Notice of Privacy Practices
Effective August 23, 2017

This notice describes how clinical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

1. PURPOSE
Counseling and Psychological Services (CAPS) and its professional staff, employees, and trainees follow the privacy practices described in this notice. CAPS keeps your mental health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all clinical and non-clinical CAPS staff have access to your records.

2. HEALTH CARE STANDARDS
Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of CAPS operations. Staff members designated by the International Association of Counseling Services (IACS) may access clinical records periodically to verify that CAPS standards are met.

3. HOW WILL CAPS USE MY PROTECTED HEALTH INFORMATION (PHI)?
Your personal mental health record will be retained by CAPS for at least seven years after your last clinical contact with the center. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy. Until the records are destroyed they may be used, unless you ask for restrictions on a specific use or disclosure in writing, for the following purpose:
   a. Appointment reminders;
   b. Notification when an appointment is cancelled or rescheduled by CAPS;
   c. As may be required by law;
   d. For public health purposes such as reporting of child, elder, or dependent adult abuse or neglect;
   e. Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of CAPS;
   f. Lawsuits and disputes (CAPS will attempt to provide you advance notice of subpoena before disclosing information from your record);
   g. Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in CAPS; when emergency circumstances occur relating to a crime;
   h. To prevent a serious threat to health or safety;
   i. To carry out treatment and health care operations functions through medical transcription services;
   j. To military command authorities if you are a member of the armed forces or a member of a foreign military authorities;
   k. National security and intelligence activities;
   l. Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations;
   m. CAPS and Student Health Services (SHS) work closely together and collaborate to provide the best services for our students, therefore, limited information about your visits to CAPS may be shared with SHS health care providers. This information may include dates of visits, name of CAPS clinician(s) seen, medications, allergies, diagnoses, psychological testing, alcohol and other drug (AOD) abuse, suicidal and homicidal thinking, and other information deemed appropriate for your safety and the continuity of your care. Additionally, if you are being treated for AOD and/or eating disorder concerns, documentation relevant to your treatment may be shared with SHS healthcare providers. Your counseling record may be shared with SHS health care providers if you are referred by a CAPS clinician to a SHS health care provider for your care. This sharing of information is done for your safety and to facilitate the continuity of your care.
n. Counseling and Psychological Services discloses limited information about alcohol and drug abuse to SHS providers if deemed appropriate for student safety and continuity of care (see above for description of collaboration between CAPS and SHS). Otherwise, CAPS will not disclose any mental health and medical information relating to a client’s substance abuse treatment unless: (i) the client consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

4. SHARING INFORMATION WITH PEGGY H. SMITH COUNSELING CLINIC
The Peggy H. Smith Counseling Clinic is a satellite graduate training program of CAPS. CAPS mental health providers supervise Dept. of Counseling graduate trainees in the Peggy H. Smith Counseling Clinic. Please note that if services are accessed in either or both CAPS and the Peggy H. Smith Counseling Clinic, your information may be shared with mental health providers and SHS primary providers for continuity of care.

5. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES
Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing. You may revoke your permission, which will be effective after the date you specify in your revocation.

6. YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)
You have the following rights regarding your health information, provided that you make a written request to invoke the right to CAPS.
   a. Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
   b. Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
   c. Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by CAPS. CAPS will comply with the outcome of the review.
   d. Right to request a clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. CAPS is not required to accept the information that you propose.
   e. Right to account of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations.
   f. Right to receive notice of a breach. You have the right to be notified upon a breach of any of your unsecure PHI.
   g. Right to a copy of this notice. You may request a paper copy of this notice at any time.

7. REQUIREMENTS REGARDING THIS NOTICE
CAPS is required to provide you with this notice that governs our privacy practices. CAPS may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future.

8. COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with CAPS, or with the office of the Vice President for Student Affairs. You will not be penalized or retaliated against in any way for filing a complaint.
Contact: Call CAPS and ask to speak to the Director at (415) 338-2208
   • You have a complaint;
   • You have any questions about this notice;
   • You wish to request restrictions on uses and disclosure for health care treatment or operations; or
   • You wish to obtain any of the forms mentioned to exercise your individual rights described above.