



BLACK HILLS STATE UNIVERSITY COUNSELING CENTER

Notice of Privacy Practices  
Effective Date: April 13, 2004

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.

*Purpose*

We are required to provide you with this *Notice of Privacy Practices* and to explain our legal duties under the federal Health Insurance Portability and Accountability Act (HIPAA). We are required by law to maintain the privacy of medical information about you. We call this "protected health information" (PHI).

We are required to give you notice of our privacy practices about your PHI and required to follow the terms of the notice currently in effect. This *Notice of Privacy Practices* will tell you how we may use or disclose information about you. Not all situations will be described. In the future we may change the *Notice of Privacy Practices*. Any changes will apply to information we already have and any information we receive in the future. A copy of the new notice will be posted, and provided to individuals as required by law.

You may request a copy of the current notice at any time at the Counseling Center Office (W214).

*How We May Use and Disclose PHI about You without Your Authorization*

**For Treatment:** We may use or disclose PHI about you with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

**For Payment:** We may use or disclose PHI about you to get payment for health care services you receive. For example, we may provide PHI to your health plan for health care or prescriptions provided to you.

**For Health Care Operations:** We may use or disclose PHI about you to support the management of services. For example, we may use PHI about you to review the quality of services you receive.

*Other Ways We Might Use or Disclose PHI about You without Your Authorization*

•**Health Oversight Activities.** We may disclose PHI for oversight activities authorized by law including audits, licensure or disciplinary actions.

•**As Required by Law and for Law Enforcement Activities.** We will use and disclose PHI about you when required or permitted by federal or state law or by a court order.

•**For Abuse Reports and Investigations.** We are required by law to report any allegations of child abuse or neglect.

•**To Avoid Harm.** We may disclose PHI about you to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

•**Decedents.** We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties imposed by law.

•**Research.** We may use PHI about you for studies and to develop reports. These reports will not identify specific people.

•**Business Associates.** We may disclose your PHI to our business associates with whom we have contracted services. We require that all of our business associates agree to appropriately safeguard your PHI.

*Other Uses and Disclosures Require Your Written Authorization.*

We will ask for your written authorization before using or disclosing PHI about you. You may cancel this authorization at any time in writing, or by other appropriate means of communication if necessary. We cannot take back any uses or disclosures already made with your authorization.

*Your PHI Privacy Rights*

•**Right to See and Get Copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI. You must make the request in writing. You may be charged a fee for the cost of copying and mailing the PHI to you.

•**Right to Request to Correct or Update Your PHI.** You may ask us to change or add missing PHI if you think there is a mistake. You must make the request in writing and provide a reason for your request. However, there are conditions under which we may deny this request.

•**Right to Get a List of Disclosures.** You have the right to ask us for a list of disclosures made after April 13, 2004 and up to six years prior to the date you made the request. You must make the request in writing. This list will not include the times that PHI about you was disclosed for treatment, payment or health care operations. This list will not include PHI about you provided directly to you or your family or PHI that you authorized.

•**Right to Request Limits on Uses or Disclosures of Your PHI.** You have the right to ask us to limit how PHI about you is used or disclosed. You must make the request in writing and tell us what PHI you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can request restrictions to be terminated in writing or verbally.

•**Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose PHI about you, you can cancel that authorization at any time. You must make the request in writing. This will not affect PHI that has already been shared.

•**Right to Choose How We Communicate With You.** You have the right to ask us to share your PHI with you in a certain way or in a certain place. For example, you may ask us to send PHI about you to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

•**Right to File a Complaint.** You have the right to file a complaint if you do not agree with how we have used or disclosed PHI about you.

•**Right to Request a Paper Copy of This Notice.** You have the right to ask for a paper copy of this notice at any time.

*How to File a Complaint or Report a Problem*

You may contact the SHCS Privacy Officer and the U.S. Department of Health and Human Services, Office of Civil Rights if you want to file a complaint or to report a problem in how we have used or disclosed your PHI. Your services will not be affected by any complaints you make. We cannot retaliate against you for filing a complaint.

*Contacts*

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