

# ON-SITE COUNSELING

1717 South Chestnut Avenue • Fresno, CA 93702  
Phone: (559) 453-8050 • Fax: (559) 453-8040 • E-mail: onsite@fresno.edu

## NOTICE OF PRIVACY PRACTICES

**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.**

On-Site Counseling is legally required to protect the privacy of your protected health information ("PHI"), which includes information that can be used to identify you, or that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. OSC must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why OSC will "use" and "disclose" your PHI. A "use" of PHI occurs when OSC shares, examines, utilizes, applies, or analyzes such information within our agency; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our agency. With some exceptions, OSC may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. OSC is legally required to follow the privacy practices described in this Notice.

OSC reserves the right to change the terms of this Notice and our privacy policies at any time, as permitted by law. Any changes will apply to PHI on file with us already. Before OSC makes any important changes to our policies, OSC will promptly change this Notice. The new Notice will be available upon request.

### **I. HOW OSC MAY USE AND DISCLOSE YOUR PHI.**

The law permits us to use and disclose your PHI for many different reasons. For some of these uses or disclosures, OSC will need your prior authorization; for others, however, OSC does not. Listed below are the different categories of uses and disclosures along with some examples of each category.

## **A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment.** OSC can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, OSC can disclose your PHI to him or her to help coordinate your care, although the preference is for you to give Authorization to do so.
2. **To obtain payment for your treatment.** OSC can use and disclose your PHI to bill and collect payment for the treatment and services provided by OSC to you. For example, OSC might send your PHI to your insurance company to get paid for the health care services provided to you, although the preference is for you to give Authorization to do so.
3. **For health care operations.** OSC can use and disclose your PHI for purposes of conducting health care operations pertaining to the practice, including contacting you when necessary. For example, OSC may need to disclose your PHI to an attorney to obtain advice about complying with applicable laws.
4. **Other disclosures.** OSC may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as OSC tries to get your consent after treatment is rendered, or if OSC tries to get your consent but you are unable to communicate with us (for example, if you are unconscious or delirious) and OSC thinks that you would consent to such treatment if you were able to do so.

## **B. Certain Uses and Disclosures Require Your Authorization.**

1. **Psychotherapy Notes.** OSC does keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For OSC's use in treating you.
  - b. For OSC's use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For OSC's use in defending the agency in legal proceedings instituted by you.

- d. For use by the Secretary of Health and Human Services to investigate OSC's compliance with HIPAA.
  - e. Required by law, and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** As a counseling agency, OSC will not use or disclose your PHI for marketing purposes.
  3. **Sale of PHI.** As a counseling agency, OSC will not sell your PHI in the regular course of business.

### **C. Certain Uses and Disclosures Do Not Require Your Authorization.**

Subject to certain limitations in the law, OSC can use and disclose your PHI without your Authorization for the following reasons:

1. **When disclosure is required by state or federal law**, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. **For public health activities**, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. **For health oversight activities**, including audits and investigations.
4. **For judicial and administrative proceedings**, including responding to a court or administrative order, although the preference is to obtain an Authorization from you before doing so.
5. **For law enforcement purposes**, including reporting crimes occurring on the premises.
6. **To coroners or medical examiners**, when such individuals are performing duties authorized by law.
7. **For research purposes**, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. **Specialized government functions**, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting

intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

9. **For workers' compensation purposes.** Although the preference is to obtain an Authorization from you, OSC may provide your PHI in order to comply with workers' compensation laws.
10. **Appointment reminders and health related benefits or services.** OSC may use and disclose your PHI to contact you to remind you that you have an appointment. OSC may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
11. **For clinical supervision/consultation.** OSC may use and disclose your PHI when counselors meet (individually or in groups within the agency) with clinical supervisors/clinical consultants for the purpose of planning/evaluating treatment, or to conduct training, certification, or licensing activities.

#### **D. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

**Disclosures to family, friends, or others.** OSC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### **E. Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described in section III: A, B, and C above, OSC will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that OSC hasn't taken any action in reliance on such authorization) of your PHI by us.

## **II. YOUR RIGHTS REGARDING YOUR PHI.**

You have the following rights with respect to your PHI:

### **A. The Right to Request Limits on Uses and Disclosures of Your PHI.**

You have the right to ask that OSC limit how OSC uses and discloses your PHI. OSC will consider your request, but OSC is not legally required to accept it. If OSC accepts your request, OSC will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that OSC is legally required or allowed to make.

### **B. The Right to Choose How OSC Sends PHI to You.**

You have the right to ask that OSC send information to you to at an alternate address (for

example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). OSC must agree to your request so long as OSC can easily provide the PHI to you in the format you requested.

### **C. The Right to See and Get Copies of Your PHI.**

Other than “psychotherapy notes,” you have the right to request an electronic or paper copy of your medical record and other information that OSC has about you. Requests must be made in writing.

In certain situations, OSC may deny your request. If OSC does, OSC will tell you, in writing, our reasons for the denial and explain your right to have our denial reviewed. Instead of providing the PHI you requested, OSC may provide you with a summary or explanation of the PHI if you agree to that and to the cost in advance.

### **D. The Right to Get a List of the Disclosures OSC Has Made.**

You have the right to get a list of instances in which OSC has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.

On-Site Counseling will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list OSC will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. OSC will provide the list to you at no charge, but if you make more than one request in the same year, OSC will charge you a reasonable cost-based fee for each additional request.

### **E. The Right to Correct or Update Your PHI.**

If you believe that there is a mistake in your PHI or that a piece of important information is missing from your PHI, you have the right to request that OSC correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. OSC will respond within 60 days of receiving your request to correct or update your PHI. OSC may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If OSC approves your request, OSC will make the change to your PHI, tell you that OSC has done it, and tell others that need to know about the change to your PHI.

**F. The Right to Get a Paper or Electronic Copy of this Notice.**

You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

**III. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you think that OSC may have violated your privacy rights, or you disagree with a decision OSCP made about access to your PHI, you may file a complaint with the person listed in Section VI below. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

OSC will take no retaliatory action against you if you file a complaint about our privacy practices.

**IV. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT our PRIVACY PRACTICES.**

Angela J. Turner, LMFT, Program Director, HIPAA Privacy Officer  
On-Site Counseling  
1717 S. Chestnut Avenue  
Fresno, CA 93702

**V. EFFECTIVE DATE OF THIS NOTICE.**

This notice went into effect on August 12, 2013.  
This notice was revised on June 18, 2021.