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.

1. **Purpose:** The University of Texas at San Antonio (UTSA) Counseling and Mental Health Services (CMHS) follows the privacy practices described in this Notice. UTSA CMHS maintains your mental health information in records that are kept in a confidential manner, as required by the Family Educational Rights and Privacy Act and Texas state law. UTSA CMHS may use and disclose or share your mental health information as necessary for treatment and health care operations to provide you with quality mental health care within CMHS.

2. **What Are Treatment and Health Care Operations?** Treatment operations include sharing information among mental health care providers involved in your care, with other staff for consultation, with psychiatry residents handling possible medication prescriptions, and others you have authorized. Staff members designated by the Quality Improvement Committee may access clinical records periodically to verify that CMHC standards are met.

3. **Sharing Information with Student Health Services.** CMHS and Student Health Services (SHS) use a collaborative approach to your care and therefore work closely together; therefore, your mental health record will be accessible to SHS healthcare providers and other SHS medical personnel. This sharing of information is done for your safety and to facilitate the continuity of your care. CMHS and SHS providers abide by FERPA and HIPAA’s minimum necessary standard, limiting their access to only the parts of the Electronic Health Record essential to provide optimal patient/client care that balances collaborative patient/client care with patient/client confidentiality and privacy. SHS and CMHS’s Electronic Health Record allows for restricted access based on security division, provider type, and types of access.
   - All SHS prescribing providers, triage nurses, and dietitian(s) may have access to the CMHS security division.
   - All CMHS clinicians may have access to the SHS security division.
   - All CMHS clinicians, SHS prescribing providers, nurses, lab manager, and dietitians have access to the Psychiatry security division.
   - All CMHS clinicians, SHS prescribing providers, and dietitians have access to the Integrated Health security division.
   - Any individuals outside of those listed require approval from both the SHS Medical Director and CMHS Clinical Director.

4. **How Will the UTSA Counseling and Mental Health Service Use and Disclose My Mental Health Information?** Your mental health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure (Note: You will have the opportunity to refuse some of these communications about your mental health information indicated by (*):)
   - To inform you of treatment benefits, treatment alternatives, or services related to your mental health. *
   - Appointment reminders.
   - Mental health oversight activities such as audits, inspections, investigations, and licensure.
   - Law enforcement.
   - Certain research projects in which your identity would remain confidential.
   - To prevent a serious threat to health or safety to yourself or others.
   - Alcohol and drug abuse information has special privacy protections. UTSA CMHS will not disclose any information identifying an individual as being a client or provide any mental health information relating to the client’s substance abuse treatment unless the client consents in writing, disclosure is necessary to carry out treatment and operations, or as required by law.
   - To carry out mental health care treatment and operations functions through business associates, such as to install a new digital scheduling or record-keeping system.
• To a public health authority for contact tracing for the purpose of protecting public health. UTSA CMHS will not disclose any mental health case specific information. Efforts to locate and communicate with clients and close contacts will be carried out in a manner that preserves the confidentiality and privacy of all involved.
• As otherwise required or allowed by law.

5. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES. Except as described above, UTSA CMHS will not use or disclose your medical or mental health information without your written consent. You may withdraw or revoke your consent, which will be effective upon your written or verbal withdrawal unless disclosure without written consent is allowed by law.

6. YOU HAVE RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION. You have the following rights regarding your information, if requested on the form(s) provided by UTSA CMHS.

• Right to request restriction. You may request limitations on your mental health information that we use or disclose for mental health care treatment or operations.
• Right to confidential communications. You may request communication of your mental health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.

CONTINUED ON THE NEXT PAGE

• Right to inspect and copy. You have the right to review and obtain a copy of your medical or mental health record. We may charge you a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied. If this occurs, you may request review of the denial by another licensed mental health care professional chosen by UTSA CMHS. UTSA CMHS will comply with the outcome of the review.

• Right to request amendment. If you believe that the mental health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by UTSA CMHS. UTSA CMHS is not required to accept the amendment, but will place it in your file.

• Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities for disclosures made within the past six (6) years that are unrelated to health care treatment or operations. After the first request, there may be a charge.

• Right to copy of this Notice. You may request a copy of this Notice at any time, even if you have been provided with an electronic copy.

7. REQUIREMENTS REGARDING THIS NOTICE. We will comply with this Notice for as long as it is in effect. UTSA CMHS may change this Notice, and these changes will be effective for mental health information we have about you, as well as any information we may receive in the future. Each time you register for mental health services at UTSA CMHS, you may receive a copy of the Notice in effect at the time.

8. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with Dr. Melissa Hernandez, Director of CMHS or with the Student Privacy Policy Office of the Department of Education, 400 Maryland Avenue, SW Washington, DC 2020-8520. We will not penalize or retaliate against you in any way for making a complaint to the University of Texas at San Antonio or the United States Department of Education.

Contact the Director of Counseling and Mental Health Services at (210) 458-4140, option 2, if you have any questions about this notice or if you wish to request restrictions on uses and disclosures for mental health treatment or operations; or if you wish to obtain a form to exercise your individual rights described in paragraph 5.

------------------After you read this NOTICE OF PRIVACE PRACTICES, please sign and date the following page.------------------
The University of Texas at San Antonio (UTSA) Counseling and Mental Health Services

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Enclosed, please find UTSA Counseling and Mental Health Services’ NOTICE OF PRIVACY PRACTICES. Your name and signature on this sheet indicate you have received a copy of UTSA’s Notice of Privacy Practices on the date indicated.

___________________________________________  ______________________________
Signature of Client or Client Representative        Date

____________________________________________  ______________________________
Printed Name of Client or Client Representative   Relationship to Client