

SALEM STATE COLLEGE COUNSELING & HEALTH SERVICES

PRIVACY POLICY

The College understands that medical information about you and your health is personal. The following is the Privacy Policy of Salem State College Counseling & Health Services. Except where otherwise noted herein, Counseling & Health Services will be referred to as the “Health Center.”

Certain laws and professional ethical standards require the Health Center to maintain the privacy and confidentiality of your personal medical information, but there are circumstances under which the Health Center may lawfully share your medical information without your consent. This Policy will tell you about the ways in which the Health Center may use and disclose medical information about you.

YOUR PERSONAL MEDICAL INFORMATION

The Health Center creates a record of the care and services you receive. This Policy applies to all of the records of your care generated by the Health Center, whether made by Health Center personnel or by your personal doctor off campus. Your personal doctor may have a different policy regarding the use and disclosure of the medical information that is created in his or her office.

In general, when the Health Center releases your medical information, it will release only the information needed to achieve the purpose of the disclosure. All of your medical information, however, will be available for release to you or to another health care provider regarding your treatment, or pursuant to legal requirements.

HOW THE HEALTH CENTER MAY USE OR DISCLOSE YOUR PERSONAL MEDICAL INFORMATION

Under most circumstances, the Health Center may not use or disclose your medical information without your consent. Further, once your consent has been obtained, the Health Center must use or disclose your personal medical information in accordance with the specific terms of that consent. The following are the circumstances under which the Health Center is permitted by law to use or disclose your personal medical information.

I. USES AND DISCLOSURES WITHOUT YOUR CONSENT

- **TREATMENT:** A doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.
- **PAYMENT:** In order for an insurance company to pay for your treatment, the Health Center must submit a bill that identifies you, your diagnosis, and the treatment provided to you.
- **HEALTH CARE OPERATIONS:** The Health Center may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care the Health Center delivers.
- **HEALTH-RELATED BENEFITS AND SERVICES OR TREATMENT ALTERNATIVES:** The Health

Center may use and disclose medical information to tell you about health-related benefits and services that might interest you or to recommend other treatment options.

- **TO THOSE INVOLVED WITH YOUR CARE OR PAYMENT OF YOUR CARE:** If people such as family members, relatives, or close personal friends are helping care for you or pay your medical bills, the Health Center may release to them medical information about you, include your location within our facility, your general condition, or your death.
- **TO DISASTER RELIEF ORGANIZATIONS:** The Health Center may release your medical information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.
- **FOR PUBLIC HEALTH ACTIVITIES:** The Health Center may be required to report your medical information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect.
- **FOR HEALTH OVERSIGHT ACTIVITIES:** The Health Center may disclose your medical information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- **FOR ACTIVITIES RELATED TO DEATH:** The Health Center may disclose your medical information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death.
- **FOR ORGAN, EYE OR TISSUE DONATION:** The Health Center may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- **FOR MILITARY, NATIONAL SECURITY, OR INCARCERATION/LAW ENFORCEMENT CUSTODY:** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, the Health Center may release your medical information to the proper authorities.
- **FOR WORKERS' COMPENSATION:** The Health Center may disclose your medical information to the appropriate persons in order to comply with the laws related to workers' compensation.
- **AS REQUIRED BY LAW:** The Health Center must report some of your medical information to state or federal legal authorities, such as law enforcement officials, court officials, or government agencies. For example, it may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
- **LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, the Health Center may disclose your medical information in response to a court or administrative order, subpoena or discovery request, but only if it has first given you notice of the order, subpoena or discovery request and an opportunity to quash it.
- **TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY:** As required by law and by the standards of ethical conduct, the Health Center may release your medical information to the proper authorities if it believes, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

- AS OTHERWISE PERMITTED BY LAW.

II. OTHER USES AND DISCLOSURES

Uses and disclosures for purposes other than described above require your consent. For example, the Health Center must obtain your consent before disclosing your medical information to a life insurer or to an employer, except under those special circumstances when a disclosure is required by law. You have the right to revoke your consent in writing at any time, except to the extent that the Health Center has already relied on it in making an authorized disclosure.

III. SPECIFIC PROVISIONS REGARDING COUNSELING SERVICES RECORDS

The confidentiality of counseling relationships is maintained in a manner consistent with accepted professional standards and with state and federal law. Under normal circumstances, no persons outside of Counseling & Health Services, including your parents and other College officials, are given any information (even the fact that you have been to the Counseling Services) without your prior written consent, except where it is permitted or required by law to disclose the information as follows:

- If Counseling Services believes that YOU MAY BE AT RISK OF HARMING OR KILLING YOURSELF, it is required to take action to try to ensure your safety. Under such circumstances, it may be necessary for Counseling Services to seek hospitalization for you and/or contact family members or other individuals who might also help provide protection.
- If Counseling Services believes that YOU MAY BE AT RISK OF HARMING OR KILLING ANOTHER PERSON OR PERSONS, it is required to take action. In such instances, it may be necessary to warn the potential victim, to notify the campus and local police, and/or to seek hospitalization for you.
- If there is SUSPECTED EMOTIONAL, PHYSICAL, AND/OR SEXUAL ABUSE OR NEGLECT OF A MINOR, Counseling Services is required by law to inform the State Department of Social Services.
- In cases of SUSPECTED EMOTIONAL OR PHYSICAL INJURY TO OR NEGLECT OF A DISABLED PERSON (including nonconsensual sexual activity), Counseling Services is required by law to inform the Disabled Person's Protection Commission and any other appropriate agencies.
- In instances of SUSPECTED EMOTIONAL OR PHYSICAL INJURY TO OR NEGLECT OF AN ELDERLY PERSON (including financial exploitation), Counseling Services is required by law to inform the Department of Elder Affairs.
- If YOU FILE A COMPLAINT OR LAWSUIT AGAINST COUNSELING SERVICES OR ONE ITS COUNSELORS OR STAFF, Counseling Services may disclose relevant information regarding you in order to defend itself and its personnel.
- In the event of a COURT ORDER OR OTHER MANDATORY LEGAL PROCESS, Counseling Services may be required to release records to the court.

If you have any questions about confidentiality, please talk with your counselor or contact Dr. Linda Jones at 978-542-6410 during office hours.

YOUR RIGHTS TO YOUR MEDICAL INFORMATION

You have the following rights with regard to your medical information. If you wish to exercise any of these rights, please contact Dr. Linda Jones at 978-542-6410.

I. INSPECT AND COPY YOUR MEDICAL INFORMATION

With a few exceptions, you have the right to inspect and obtain a copy of your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered for judicial proceedings. The Health Center may charge you a reasonable fee if you want a copy of your medical information.

II. REQUEST TO AMEND YOUR RECORDS

If you believe your medical information is incorrect, you may ask the Health Center to correct the information for as long as it is kept by the Health Center. To request an amendment, you must make your request in writing to Dr. Linda Jones and you must give a reason as to why your medical information should be changed. The Health Center may deny your request for an amendment if: it is not in writing; it does not include a reason to support the request; the Health Center disagrees with you and believes your medical information is correct; the information is not part of the information which you would be permitted to inspect or copy (*i.e.*, psychotherapy notes); the Health Center did not create the medical information that you believe is incorrect; or, if the information is not kept by or for the Health Center.

III AS APPLICABLE, RECEIVE CONFIDENTIAL COMMUNICATION OF MEDICAL INFORMATION

You may ask that the Health Center communicate your medical information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. The Health Center will accommodate reasonable requests of this nature.

CHANGES TO THIS POLICY

The Health Center reserves the right to change the privacy practices described in this Policy, in accordance with the law. If changes to this Policy are made, a revised Policy will be posted at all health service delivery sites on campus and will be made available to you at your request. The revised Policy will also be posted on the College's website.

QUESTIONS

If you have questions or concerns regarding the privacy of your medical records or the information in this Policy, please contact Dr. Linda Jones for further information.