


PRIVACY PRACTICES NOTICE

This Privacy Practices Notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Welcome to Student Wellness at California State University, Fullerton (CSUF). The departments that comprise Student Wellness are Counseling and Psychological Services (CAPS), TitanMED Clinical Health Services, and TitanWELL Health Promotion Services. We are staffed by a team of medical, mental health, and wellness professionals to assist you in addressing your physical and mental health concerns. In order to provide you with the highest quality of care and services, Student Wellness utilizes an integrated treatment approach. Our multi-disciplinary team of clinicians works collaboratively to optimize your wellness through seamless prevention and intervention. In the interest of providing effective and efficient treatment, the following CSUF departments may share records between themselves and communicate about your treatment to provide optimal care: Counseling and Psychological Services providers, TitanWELL educators/providers, and TitanMED providers. Additionally, in the interest of providing effective and efficient treatment, the following entities may share records between themselves and communicate about your treatment: Counseling and Psychological Services providers, TitanWELL educators/providers, TitanMED providers, and the State of California Immunization Registry.



Student Wellness values the privacy of its patients and the confidentiality of the personal and health information entrusted to us. In order to protect your personal health information, we have policies and procedures regarding disclosing your Personal Health Information (PHI).

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<p>Get an electronic copy of your health records</p>	<ul style="list-style-type: none"> ▪ Beginning 01/01/2023, current students can access healthcare information by logging into their Titan Health portal. ▪ For individuals seeking healthcare information for visits prior to 1/1/2023 please complete a Records Request Form, which can be found on the student wellness website. We will provide a copy or a summary of your health and claims records, usually within 10 business days of your request.
<p>Ask us to correct your medical records</p>	<ul style="list-style-type: none"> ▪ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ▪ We may say "no" to your request, but we'll tell you why in writing within 60 days. ▪ You can request amendments; but not deletions from your record.
<p>Inspect and obtain a copy of mental health records</p>	<ul style="list-style-type: none"> ▪ You can ask to inspect and obtain a copy of your mental health records with exceptions. Psychotherapy notes are not released and records may be withheld from inspection in compliance with state laws and instances of safety concerns. ▪ We will provide a response to the request within 15 days and the request must be in writing. ▪ You can request amendments; but not deletions from your record.
<p>Restrictions of Disclosure to Insurers</p>	<ul style="list-style-type: none"> ▪ If you pay out-of-pocket in full for the healthcare service, you may restrict information provided to the insurer. This request must be in writing.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> ▪ You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. ▪ We will say "yes" to all reasonable requests.

<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> ▪ You can ask us not to use or share certain health information for treatment, payment, or our operations. ▪ We are not required to agree to your request, and we may say "no" if it would affect your care.
<p>Get a list of those with whom we've shared information</p>	<ul style="list-style-type: none"> ▪ You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. ▪ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> ▪ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> ▪ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ▪ We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> ▪ You can complain if you feel we have violated your rights by contacting: <p>TitanHEALTH Director California State University, Fullerton Student Wellness 800 N. State College Blvd. Fullerton, CA 92831-6830 (657) 278-2800</p>

Counseling & Psychological Services Director
California State University, Fullerton
Student Wellness
800 N. State College Blvd.
Fullerton, CA 92831-6830
(657) 278-3040

Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

Medical Board of California
Central Complaint Unit
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382
www.mbc.ca.gov

Board of Psychology
1625 North Market Street, Suite N-215
Sacramento, CA 95834
(916) 574-7720
www.psychology.ca.gov

Board of Registered Nursing
Attn: Complaint Intake
PO Box 944210
Sacramento, CA 94244-2100
(916) 557-1213
www.rn.ca.gov

Board of Vocational Nursing & Psychiatric
Technicians
2535 Capital Oaks Drive Suite 205
Sacramento, CA 95833
(916) 263-7827
www.bvnpt.ca.gov

Board of Pharmacy
Attention: Complaint Unit

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
www.pharmacy.ca.gov

State Board of Optometry
2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170
www.optometry.ca.gov

Physical Therapy Board of California
2005 Evergreen St. Suite 1350
Sacramento, CA 95815
(916) 561-8200
www.ptbc.ca.gov

Board of Chiropractic Examiners
901 P St., Suite 142A
Sacramento, CA 95814
(916) 263-5355
www.chiro.ca.gov

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390
www.ombc.ca.gov

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg
Washington, D.C. 20201
phone: (877) 696-6775
online: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

California Massage Therapy Council (CAMTC)

	<p>One Capitol Mall, Suite 800 Sacramento, CA 95814 www.camtc.org/consumers Info@camtc.org Ph: (916) 669-5336 Fax: (916) 669-5337</p> <ul style="list-style-type: none"> ▪ There will be no retaliation for filing a complaint.
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For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> ▪ Share information with your family, close friends, or others involved in payment for your care. ▪ Share information in a disaster relief situation. ▪ If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. ▪ We may refuse a request in the case of mental health records due to additional mandates of confidentiality.
<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> ▪ Marketing purposes ▪ Sale of your information

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat You	<ul style="list-style-type: none"> ▪ We can use your health information and share it with other members of your health care team (physicians, nurses, counselors, and other clinicians) who are treating you. ▪ Information is shared on a strict "need to know" basis.
Run our organization	<ul style="list-style-type: none"> ▪ We can use and disclose your information to run our organization and contact you when necessary ▪ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
Help with public health and safety issues	<ul style="list-style-type: none"> ▪ We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Danger to self or others ○ Risk to community
Audits and reviews	<ul style="list-style-type: none"> ▪ This facility has sensitive information reviewed at various times throughout the year by the following agencies: AAAHC (American Association of Ambulatory Healthcare), APA (American Psychological Association), COLA (Laboratory Accreditation Bureau), and Family PACT (Family Planning, Access, Care, and Treatment). Part of our accreditation/review process includes allowing external auditors to review patient charts for best practice. These auditors are mandated to maintain confidentiality of the information that they view.
Peer Review	<ul style="list-style-type: none"> ▪ This facility engages in peer review activities for professional staff members to help ensure the quality of patient care. Licensed individuals from vetted outside

	<p>agencies could be utilized as part of the peer review process. Peer review will be completed in accordance with organizational policies, patient's privacy, and AAAHC peer review standards.</p>
Do research	<ul style="list-style-type: none"> ▪ Aggregate data, which does not identify an individual, may be gathered and used for research.
Comply with the law	<ul style="list-style-type: none"> ▪ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal and state privacy law.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> ▪ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address worker's compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> ▪ We can use or share health information about you: <ul style="list-style-type: none"> ○ For workers' compensation claims ○ For law enforcement purposes or with a law enforcement official, as required by law ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ▪ We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Bill for your services	<ul style="list-style-type: none"> ▪ We can use and share your health information to bill and receive payment if applicable. ▪ <i>Example: We may need to give your health plan information about a service you received here so that your health plan will reimburse you for the service. In cases of unpaid financial obligations or no show fees, we will send the charge to Student Financial Services to be processed. The bill will show the following health information: name, student ID number and date of service. No</i>

	<i>information relating to medical diagnoses, treatment/procedure, counseling session, or medications will be on this document.</i>
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"We Never Market or Sell Personal Information."

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit: hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request through the patient portal and on our website.

Effective Date of Notice: January 1, 2023

Printed Name

CWID

Signature

Date

Patient Rights and Responsibilities

You Have the Right:

To Respect

To be treated with respect and dignity, and be provided with courteous, considerate care

To Confidentiality

To appropriate privacy and confidentiality in all interactions

To Communication

When the need arises, reasonable attempts will be made by providers to communicate in the language or manner primarily used by the patient

To Review

To inspect, review, and receive a copy of your medical records by written authorization in hard copy or electronic form

To Be Informed of your Health

To be informed about your health problem and to understand why certain procedures, tests, and information are required and requested. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or legally authorized person

To be Informed of your Treatment

To be informed of the effectiveness of treatment with information about possible risks, side effects, and alternate methods of treatment

To be Informed of Fees

To receive information regarding fees and charges for services

To Refuse Treatment

To refuse any treatment you do not understand or do not want, understanding the consequences of refusal

To Questions

To discuss with your provider any questions or problems about your medical care

To Change Providers

To know who is treating you and to be able to request a change of providers or seek a second opinion, if other qualified providers are available

To Well-Being

To be informed of personal responsibilities involved in seeking treatment and maintaining health and well-being after treatment

To Refuse Experiments

To refuse to participate in any experimental research or treatment

To Share Complaints

To have any complaints or concerns reported via comment boxes, surveys, e-mail, direct contact with the CAPS or TitanHEALTH Director or their designee

You Have the Responsibility:

To Present Accurate Information

To present accurate identifying information before receiving services and to include information about medications, supplements, and any allergies or sensitivities

To Share Details of Visit

To share details of your visit and reason in a direct, honest, and straightforward manner

To Be Respectful

To be respectful of providers and staff, as well as other patients

To Inform the Provider

To inform your provider about any living will, medical power of attorney or other directive that could affect your health care

To Clarify

To ask for clarification whenever information or instructions are not understood

To Be Punctual

To keep all appointments, arrive on time, and call Student Wellness as soon as possible, to cancel or reschedule an appointment

To Follow Instructions

To follow instructions and comply with the treatment plan given by your provider and participate in your health care

To Arrange Transportation

To arrange for transportation and care at home if requested by the provider

To Pay

To pay all fees for services promptly