COLLEGE FOR CREATIVE STUDIES  
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW COUNSELING RECORDS AND OTHER MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about the information contained in this notice, please contact: Dan Long, Dean of Students, 201 East Kirby, Detroit, Michigan, 48202, 313-664-7675.

Your counseling records contain personal information about you and your mental health. Mental health information, including psychological or counseling treatment records, are subject to special protections under state and federal law. This Notice of Privacy Practices describes how we may use and disclose such information. It also describes your rights regarding how you may gain access to and control your counseling records. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will provide you with a written copy of our revised policies upon your next visit.

In order to comply with state and federal laws and counseling ethics the College for Creative Studies Wellness Center will maintain your confidential counseling records for a period of seven (7) years after the last counselor/client contact, including cases in which the client is deceased. Upon the seventh (7th) year your confidential counseling record will be completely destroyed along with any other records that indicate your use of our services.

The Wellness Center will only release your records or information with your written authorization or with an appropriate court order. (Exceptions to this general rule are set forth below.) You may revoke all such authorizations at any time, to the extent that we have not taken any action based on your consent.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your counseling treatment and related services. We may disclose your counseling information to any outside health care providers or agencies to which you have been referred only with your authorization, unless there is an emergency.

For Health Care Operations. We may use or disclose, as needed, specific information pertaining to your use of counseling services and/or Wellness Center activities. The Wellness Center uses non-identifiable information to support our operations, including, but not limited to, quality assessment activities, employee reviews, and licensing of our counselors. For example, we may use your mental health information within the Office of Student Affairs in order to evaluate the quality of counseling services that you have received, or to evaluate the performance of the professionals who provided counseling services to you. The information used for this purpose does not contain any identifying information. If identifiable information is requested (name, address, etc…) we would require your authorization to release such information unless there is an emergency.
**Required by Law.** Under the law, we are required to make disclosures of your counseling records and other protected information in certain situations without your authorization. Following is a list of the most common categories of uses and disclosures we may make without an authorization:

- Mandated reporting, such as in situations of abuse and neglect
- Serious threat to health or safety, such as when there is a threat of harm to yourself or others
- Regulatory oversight, such as if one the Michigan mental health Licensing Boards requests that we release records to them to investigate a complaint against a counselor
- To provide you appointment reminders or information about referral agencies
- As otherwise required by law

**YOU HAVE THE FOLLOWING RIGHTS**

To **review and obtain a paper copy** of the notice of privacy practices upon request and of your health information.

To **request a restriction** on certain uses and disclosures of protected health information, but we are not required to agree to the restriction request. You should address your restriction request in writing to the Wellness Center. We will notify you within 10 days if we cannot agree to the restriction.

To **request and provide written authorization and permission to release information** for purposes of outside treatment and health care operations.

To **revoke your authorization in writing** at any time to use, disclose, or restrict health information except to the extent that action has already been taken.

To **request that we amend your health information** by submitting a written request with the reasons supporting the request to the personal counseling department. We are not required to agree to the requested amendment.

To **obtain an accounting of disclosures of your health information** and all information in your counseling record.

To **request confidential communications of your health information by alternative means** or at alternative locations. (See Informed Consent form which requests you to specify the means by which we should contact you.).

If you have questions about this notice, disagree with a decision we make about access to your records, believe that your privacy rights have been violated and wish to file a complaint with our office or have other concerns about your privacy rights, you may contact Dan Long, Dean of Students, College for Creative Studies, 201 East Kirby, Detroit, Michigan, 48202, 313-664-7675. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington, DC 20201, or by calling (202) 619-0257. You may also send a written complaint to the Bureau of Health Professions, Health Investigation Division, Allegation Section, PO Box 30670, Lansing, MI 48909-8170

Revised and made effective: July, 27, 2012