The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and subsequent revisions including the HITECH Act requires that all health care records and other individually identifiable health information (PHI) used or disclosed to us in any form be kept confidential and secure. This federal law provides you, the patient or employee, with significant rights to understand, control and have access to your health information and includes penalties for any misuse of that information.

During the process of providing services to you via the Regis Health Plan, Counseling Services, Regis Cares PT Clinic or other entity, confidential information (mental health, medical information, etc.) will be gathered and stored for uses described within this notice and will not be disclosed without your consent except for the circumstances described in this Notice.

1. **Uses and disclosures of protected information**

Specific written authorization is not required for the purposes of treatment, payment and health care operations as defined below:

1.1 Treatment: Refers to the provision, coordination or management of mental health, medical care and any treatment plan processes. Those involved in treating an individual may use your information to plan your course of treatment, consult with other health care professionals or their staff including health care students concerning services needed or provided to you.

1.2 Payment: Payment refers to the activities undertaken by a health care provider/plan to obtain or seek reimbursement for health care services which may involve disclosures to insurance companies or to third party billers for assistance in obtaining payment.

1.3 Health Care Operations: Health care operations refers to activities undertaken by an entity that may include access to information for management and administrative purposes, quality assurance, medical and/or legal reviews, audits, compliance, business planning, accreditation or credentialing activities.

2. **Disclosures required by law**

Regis University will disclose protected health information when required by law. This includes but is not limited to:

2.1 Reporting child abuse or neglect to the Department of HHS and/or law enforcement

2.2 When court ordered to release information

2.3 When there is a legal duty to warn of a threat from a client of imminent physical violence, if a client is a danger to self or others, or is gravely disabled, or

2.4 When required to report a threat to the national security of the U.S.

3. **Other uses**

3.1 Protected health information concerning you may be used with your permission for research purposes if the relevant provisions of the Federal HIPAA privacy regulations are followed.

3.2 Protected health information and compliance documents may be used with your permission to arrange clinical site placement.
4. Your rights

4.1 Access to Protected Health Information: You have the right to receive copies of your health information by contacted the service provider directly and completing the appropriate request.

4.2 Amendment of Records: You have the right to request an amendment to your health record if you believe information to be inaccurate or incomplete by contacting the service provider directly.

4.3 Disclosures: You have the right to request an accounting of disclosures of your records by contacting the health provider directly and completing the appropriate request form.

4.4 Report Privacy Violations: If you feel that your health information or privacy has been compromised (either electronically or verbally), you may send a written complaint to the US Department of Health and Human Services at the address below and/or contact the Regis University Privacy Officers listed below.

US Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, D.C., 20201
Phone: 877-696-6775 (Toll Free)

Regis University Privacy Officers:
Susan Layton (slayton@regis.edu)
Sheila Carlon (scarlon@regis.edu)