

**Notice of Privacy and Confidentiality Practices  
Counseling and Mental Health Center University of Houston-Clear Lake**

**THIS NOTICE DESCRIBES HOW COUNSELING INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**1. PURPOSE:** The Counseling and Mental Health Center and its professional staff, employees, and trainees follow the privacy and confidentiality practices described in this Notice. Your counseling information will be handled and protected in accordance with the law.

**2. WHO HAS ACCESS TO YOUR COUNSELING AND MENTAL HEALTH CENTER RECORD?**

To provide you with the best possible services, all professional staff of the Counseling and Mental Health Center involved in your treatment, and employees involved in the counseling operations of the clinic, may have access to your records. Information may be shared among different service providers who are involved in your treatment. For example, if you see both a psychiatrist and therapist or therapist and the Case Manager, they may share information in the process of coordinating your care and any possible referrals for additional support. Counseling and Mental Health Center records may be reviewed as part of an on-going process directed toward assuring the quality of agency operations.

**3. WHAT IS INCLUDED IN A COUNSELING AND MENTAL HEALTH CENTER RECORD, AND HOW LONG IS IT KEPT?**

Your Counseling and Mental Health Center record may include any or all of the following information:

- Initial consultation documents and other documents you fill out
- Your therapist's documentation of the concerns and symptoms you describe, and the information provided about your personal history
- Therapy goals and treatment plan
- Records of therapy contacts and sessions, including topics discussed, therapeutic approach utilized, therapist observations, progress toward goals, and any risks that need to be addressed
- Psychological test data and results
- Documents provided to us that we keep
- Treatment records forwarded to us by other service providers
- Records of consultation or information provided about you by a collateral source
- Records of case management contacts and meetings, including information you provide and any referral information

Your Counseling and Mental Health Center record does not include any subjective psychotherapy notes or electronic recordings used by your therapist to prepare the record or to note significant content or process from session to session.

Your Counseling and Mental Health Center record is maintained in our electronic medical records system (EMR). All documentation is securely stored with multiple levels of protection. Texas law requires that your CMHC record must be retained for a period of seven (7) years from your last date of treatment at the clinic. All records are destroyed in a way that protects your privacy.

**4. UNDER WHAT CIRCUMSTANCES MIGHT MY CONFIDENTIAL COUNSELING AND MENTAL HEALTH CENTER INFORMATION BE DISCLOSED?**

Your records may be used for the following purposes:

- Appointment reminders (unless you request otherwise in writing)
- Notification when an appointment is cancelled or rescheduled by the Counseling and Mental Health Center (unless you request otherwise in writing)
- If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize their release to other parties (see "Consent for Students Under 18" section below for details)
- Reporting of child or elder abuse or neglect (as required by law)
- If you disclose sexual misconduct by a therapist
- Mental health oversight activities (e.g., audits, inspections or investigations of administration and management of Counseling and Mental Health Center)
- Lawsuits and disputes (When appropriate, we will attempt to provide you notice of any subpoena we receive and request your authorization before disclosing information from your record)
- Law enforcement (e.g., in response to a court order or other legal process) to identify or locate an individual being sought by authorities; about victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred in the Counseling and Mental Health Center; when emergency circumstances occur relating to a crime.)
- To prevent a serious threat to the health or safety of yourself or any other person (such disclosure may be to medical personnel, law enforcement personnel, university personnel, or to family or other appropriate individuals in order to protect you or others)
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority
- National security and intelligence activities
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations
- Alcohol and drug abuse information has special privacy protections. The Counseling and Mental Health Center will not disclose any information identifying an individual as being a client or provide any mental health or medical information relating to a client's substance abuse treatment unless: (i) the client consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law

- As may otherwise be required by law, or to the extent that information has already been released as part of a previous situation

### **Consent for Students Under 18**

If you are under the age of 18, Texas State Law requires that we obtain permission from your parent or managing conservator/guardian in order to offer you therapy services, unless any of the following circumstances apply:

- You are on active duty in the armed forces.
- You are 16 years of age or older and reside apart from parents, conservator, or guardian AND manage your own financial affairs (regardless of the source of income).
- You are thinking about suicide.
- You have concerns about alcohol and/or drug addiction or dependency.
- You have been sexually, physically, or emotionally abused.

If one of the above categories applies to you, we can offer you therapy without parental/guardian consent. Under Texas State Law, parents/guardians may still have access to your therapy record and/or could talk with your clinician whether parental consent is necessary or not. If none of the above situations apply, we will need parental/guardian consent before your therapy begins. Please obtain written permission from your parent or managing conservator/guardian for therapy services before an appointment is scheduled.

### **5. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.**

Except as described previously, we will not use or disclose information from your record unless you authorize in writing the Counseling and Mental Health Center to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

### **6. YOU HAVE RIGHTS REGARDING YOUR PROTECTED COUNSELING INFORMATION.**

You have the following rights regarding your counseling information:

- **Right to request restriction.** You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to confidential communications.** You may request communications in a certain form or at a certain location (e.g., only at home), but you must specify in writing how or where you wish to be contacted.
- **Right to inspect and copy information.** You have the right to request to inspect and copy your therapy record; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied. In that case, you may request review of the denial by another licensed mental health professional chosen by the Counseling and Mental Health Center. Counseling and Mental Health Center will comply with the outcome of the review.
- **Right to request that your record be amended.** If you believe that the information we have about you is incorrect or incomplete you may ask us to add clarifying information. We will provide a form for that purpose. The Counseling and Mental Health Center is not required to agree to the requested amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your counseling information that have been made to persons or entities other than for treatment or health care operations in the last six (6) years.
- **Right to a copy of this notice.** You may request a copy of this Notice at any time.

If you wish to invoke any of these rights, you must make your request in writing on the appropriate Counseling and Mental Health Center form, which can be obtained by speaking to a CMHC staff member.

### **7. CHANGES IN POLICY.**

The Counseling and Mental Health Center may change its policies or procedures regarding privacy practices. If and when changes occur, the changes will be effective for any information we already have about you as well as any information we receive in the future. You may ask for and receive the most recent copy of the Privacy Notice that is in effect at any time.

### **8. COMPLAINTS AND QUESTIONS.**

If you believe your privacy rights have been violated, you may file a complaint with the Counseling and Mental Health Center, or with the office of the Associate Vice President for Student Affairs. You will not be penalized or retaliated against in any way for making a complaint.

Call the Counseling and Mental Health Center and ask to speak to the Director if:

- You have a complaint
- You have any questions about this notice
- You wish to request restrictions on uses and disclosure of counseling information
- You wish to obtain any of the forms mentioned to exercise your individual rights described above

### **Contact Information:**

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