



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Precailing Language. The English language version of this notice shall be controlling in all respects and shall prevail in case of any inconsistencies with translated versions, if any. Any other language versions of this Agreement are provided for convenience only.

Your Rights

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

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request if we feel it would likely endanger the life or physical safety of you or another person, if the requested information references other persons, or release to a legal representative would likely result in harm. We have 30 days from your request to provide you the denial in writing. We may ask for an extension. You may ask for a review of the denial.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is 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.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Your Rights *continued*

Ask us to limit what we use or share

- 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with a third party payer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- 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.

Get a copy of this privacy notice

- 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.

Choose someone to act for you

- 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting the privacy official for the clinic listed at the end of this notice.
- We will not retaliate against you for filing a complaint.

Your Choices

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.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

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

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A therapist treating you for a mental health condition asks your doctor about your overall health.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and to contact you as needed.

Bill for your services

- We can use and share your health information to bill and get payment from authorized payers.

Example: We give information about you to a family member you have authorized to pay for your services.

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Our Uses... *continued*

How else can we use or share your health information? We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions before we can share your information for these purposes.

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• Preventing or reducing a serious threat to anyone's health or safety
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Do research	<ul style="list-style-type: none">• We can use or share your information for health research.
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Comply with the law	<ul style="list-style-type: none">• We will share information about you if state or federal laws require it. The following circumstances are examples of when such disclosures may or will be made:<ul style="list-style-type: none">• Reasonable suspicion of child or elder/vulnerable adult abuse or neglect.• Reasonable suspicion of domestic violence occurring in the presence of a child.• If a client is threatening serious bodily harm to another person(s) or to their self.• Unprofessional and unlawful conduct of a mental health professional.• If you are a minor (under 18) and your parents or legal guardian request information.
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Respond to organ and tissue donation requests	<ul style="list-style-type: none">• We can share health information about you with organ procurement organizations.
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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.
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Address workers' 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• With health oversight agencies for activities authorized by law• For special government functions such as military, national security, and presidential protective services
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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.
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Our Uses... *continued*

Couples and Family Treatment

- When we decide to treat a couple or family, we consider the couple or family to be the client or treatment unit. If there is a request for the treatment records of the couple or family, we will seek the authorization of all members of the treatment unit before releasing confidential information to third parties.
- We may decide during the treatment process to see a smaller part of the treatment unit (for example, individual, siblings, etc.) for one or more sessions. These sessions should be seen as part of the entire treatment unit's work unless otherwise indicated. If we feel information from these sessions should be shared with the entire treatment unit, we will first, when appropriate, give the applicable individual or unit time and opportunity to make the disclosure before sharing it with the treatment unit. Thus, if you feel it is necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you separately from the treatment unit.
- This "no secrets" policy is intended to allow us to avoid conflicts of interests where an individual's interests may not be consistent with the interests of the entire unit being treated. If such a conflict of interest exists, it may create a scenario where treatment must be terminated.

Our Responsibilities

- We are required to maintain the privacy and security of your protected health information. Your physical documentation will be kept securely behind two locks. Electronic documentation is password protected and secured using 256-bit AES encryption. We store your information for a minimum of 7 years.
- 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 talk to a member of our front office.

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, in our office, and on our web site.

December 8, 2025

*UVU Community Mental Health Clinic Privacy Official
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