CONFIDENTIALITY POLICY

Policy: The University at Albany's Psychological Services Center, hereinafter referred to as the “Center,” is firmly committed to preserving the confidentiality of all patient visits and records. Center employees include all Center staff and students.

Practices: All Center employees will treat all patient information confidentially and they will act in such a manner as to protect the privacy and confidentiality of both clinical and personal information. All psychological services are confidential and all records of the services or records obtained from other healthcare providers in pursuit of services are kept confidential.

Disclosure Without Patient Consent: Disclosure of confidential patient information may occur without the consent of the patient under the following circumstances:

1. A court order or subpoena of the medical record(s);
2. The patient is at risk of harm to self or others;
3. The patient makes or authorizes a claim under a health insurance or other health plan or otherwise designates someone else as responsible for payment (a parent as the insured may be notified of treatment);
4. The law requires reporting of information to a public official (e.g., injury by a violent means); and
5. The patient is a minor.

In any of these situations, information in medical records may be released, without the consent of the patient, to necessary parties, which may include but not be limited to, a court of law, parents, health insurance companies and other payment guarantors such as parents, legal guardians or third-party payers, college officials, public health officers, and other healthcare professionals or law enforcement authorities. Information that may be available may include diagnoses, diagnostic testing information, therapeutic procedures, and prescription drug information.

In New York, a person under the age of 18 is a minor and generally must have the consent of an adult parent to obtain medical treatment. A parent of a minor who obtains medical treatment will normally be entitled to information about treatment of his/her child. Exceptions are recognized for provision of contraceptives, sexual health issues, drug abuse treatment, prenatal care, and emergency care.

Please note that the Center is not a provider to the Health Insurance Portability and Accountability Act of 1996 and, therefore, is not required to comply with the various federal regulations relating to the use and disclosure of health information. However, the Center is committed to protecting patient privacy.
ACKNOWLEDGEMENT OF RECEIPT OF CONFIDENTIALITY POLICY

By signing below, I acknowledge that I have been provided a copy of the confidentiality policy and have, therefore, been advised of how certain health information about me may be used and disclosed by the Psychological Services Center the University at Albany, State University of New York.

________________________________________
Signature of Patient or Personal Representative

________________________________________
Print Name of Patient or Personal Representative

________________________________________
Date

________________________________________
Description of Personal Representative’s Authority