



## **PLU Wellbeing Services and Resources Counseling Services**

Anderson University Center, Suite 300, Tacoma, WA 98447  
Phone: 253-535-7206 / Fax: 253-536-5124

### **NOTICE OF PRIVACY PRACTICES / DISCLOSURE STATEMENT**

Welcome to PLU Counseling Services. We want you to know about the privacy of your health information. This Notice describes how psychological and medical information you share may be used/disclosed, and how you can get access to your counseling/health information. Therefore, we request that you read the following information, ask any questions you may have, and then sign at the end of this document if you have not done so within the online Student Intake Information web forms. Your signature acknowledges that you have reviewed and understand the information provided in this Notice of Privacy Practices / Disclosure Statement, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003.

It is important that we take steps to protect the privacy of your Protected Health Information (PHI). PHI refers to information in your health record that could identify you, such as your name, date of birth, student number, address, and phone number. Besides PHI, other important terms and definitions are:

- “Treatment” and “Health Care Operations”
  - Treatment is when professional staff provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when your counselor consults with another PLU Wellbeing Services and Resources provider, or an external health care provider (such as your family physician or previous counselor).
  - Health Care Operations are activities that relate to the performance and operation of PLU Wellbeing Services and Resources. Examples of healthcare operations are quality assessment and improvement activities, administrative services, and care coordination.
- “Use” applies only to activities within PLU Wellbeing Services and Resources, such as sharing, applying, utilizing, examining and analyzing information that identifies you.
- “Disclosure” applies to activities outside of PLU Wellbeing Services and Resources, such as releasing, transferring, or providing access to information about you to other qualified parties, at your request when appropriate.

### **CLIENT RIGHTS**

PLU Counseling Services is required by both federal and state law, with certain exceptions, to maintain the confidentiality of the information you share with any of our staff. We adhere to standards which have been developed in order to maintain the privacy of your counseling/health information, and seek to guarantee the following rights of all recipients of the services of our licensed psychologists/mental health counselors and those under their supervision:

1. **Right to Appropriate Care.** You have the right to be treated with dignity and respect, the right to receive care that is non-discriminatory, and the right to receive care from qualified professionals.
2. **Right to Referral.** Should you want to receive counseling services from a place other than PLU Counseling Services or from a person other than the PLU professional you have been assigned or chosen, you have the right to request a referral to another place or another professional at PLU Counseling Services. In each case, you will be provided with at least two other places or names.
3. **Right to Terminate Counseling.** You have the right to terminate counseling at any time. Please remember, appropriate closure may take some time.
4. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. However, your counselor is not required to agree to a restriction request.
5. **Right to Release.** You have the right to consent to/authorize the release of confidential information about you. Our office will obtain your written authorization for uses and disclosures that are not identified by this notice/disclosure or required by applicable law.
6. **Right to Rescind.** You may, in writing, withdraw your consent to release confidential information at any time. However, if disclosures have already been made based on your earlier consent, these disclosures cannot be recovered or undone.
7. **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.** For instance, you may ask that we contact you at your campus/home address/phone, rather than work. We will accommodate reasonable requests. *(NOTE: Email is NOT a confidential means of communication.)*
8. **Right to Inspect and Obtain a Copy.** You must submit your request in writing on the appropriate form(s) to the Associate Director for Clinical Operations, PLU Wellbeing Services and Resources, Pacific Lutheran University, Tacoma, WA 98447. This, however, does not necessarily include psychotherapy notes and does not include information gathered in anticipation of, or for use, in a civil/criminal, or administrative action; information that we cannot legally disclose to you; or information that we determine should not be disclosed to you because it might hurt you or someone else.
9. **Right to Amend.** If you believe your PHI is incorrect or incomplete, provided the information was created by our office, you may request an amendment to your PHI by contacting the Associate Director for Clinical Operations, PLU Wellbeing Services and Resources, Pacific Lutheran University, (253) 535-7206. Your request may be denied (e.g., information that is correct will not be changed).
10. **Right to a Copy of this Notice.** You will be given a copy of this Notice of Disclosure / Privacy Practices.

### **CONFIDENTIALITY / PRIVACY**

We may use or disclose PHI or other confidential information without your consent or authorization in

the following circumstances:

1. **Consultation with Other Professionals:** Your counselor can and may consult with other health care professionals regarding your status during a staff case conference or in an individual consultation.
2. **Serious Threat to Health or Safety:** Your counselor may disclose your confidential mental health information to any person without consent/authorization if your counselor reasonably believes that disclosure will avoid or minimize imminent or foreseeable danger to your health or safety, or the health or safety of any other individual.
3. **Worker's Compensation:** If you file a worker's compensation claim, with certain exceptions, your counselor must make available, at any stage of the proceedings, all mental health information in their possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.
4. **Child Abuse:** If your counselor has reasonable cause to believe that a child has suffered abuse or neglect, your counselor is required by law to report it to the proper law enforcement agency or the Washington Department of Social and Health Services.
5. **Adult and Domestic Abuse:** If your counselor has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, your counselor must immediately report the abuse to the Washington Department of Social and Health Services. If your counselor has reason to suspect that sexual or physical assault of a vulnerable adult has occurred, your counselor must immediately report to the appropriate law enforcement agency and to the Department of Social and Health Services.
6. **Health Oversight:** If the Washington State Department of Health subpoenas your psychologist as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure of state licensed psychologists, your counselor must comply with its orders. This could include disclosing your mental health information.
7. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that your counselor has provided to you and the records thereof, such information is privileged under state law and your counselor will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform your counselor that you are opposing the subpoena, or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered (including referrals compelled by the PLU Student Rights and Responsibilities student conduct system). You will be informed in advance if this is the case.
8. **In addition,** the following circumstances may require PLU Counseling Services to use or disclose your counseling/health information without your written permission:

- A. To federal officials for intelligence and national security activities authorized by law.
- B. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- C. If you are a member of U.S or foreign military forces (including veteran) and if required by the appropriate authorities.

**OTHER IMPORTANT POLICIES AND/OR INFORMATION**  
**REGARDING COUNSELING SERVICES**

1. **Appointments:** Individual counseling sessions are usually 45-50 minutes in length. Group sessions are generally 1 hour in length. *Because your appointment time is reserved, please provide PLU Counseling Services at least 24-hour's notice if you need to cancel or change your session.*
2. **Attendance Policy:** PLU Wellbeing Services and Resources will assess a fine to students who no-show for appointments, cancel a scheduled appointment less than 24-hours in advance, or who arrive greater than 15 minutes after their scheduled appointment time. Students receive a warning for their first infraction for each academic year, and are charged \$50 for each subsequent infraction. Please review the Attendance Policy at [www.plu.edu/counseling/attendance-policy](http://www.plu.edu/counseling/attendance-policy).
3. **Contacting Your Counselor:** Your counselor may be reached at 253-535-7206. Please be aware that your counselor may not always be available immediately when you call. However, if you leave a message, an attempt will be made to reach you later that day or the counselor's next business day.
4. **Urgent Concerns:** Sometimes when you are stressed or upset, it can feel difficult to wait for your next appointment time. Review tips and resources on our website ([www.plu.edu/counseling/tips-for-concerned-others](http://www.plu.edu/counseling/tips-for-concerned-others)) for support during times of stress and management until the stressor passes. If your concern is such that you need more immediate support, we offer:
  - A. [PLU Crisis Line \(253-535-7075\)](tel:253-535-7075) - For urgent concerns, you will be connected with a crisis professional who works closely with our office. We retain the clinical record of these phone calls.
  - B. [TimelyCare \(formerly Lute Telehealth\) \(timelycare.com/lute-telehealth\)](https://www.timelycare.com/lute-telehealth) - TimelyCare offers 24/7 immediate access to a mental health professional for PLU students via TalkNow. When you log in to TimelyCare, click TalkNow to be connected via secure video conference with a professional. TalkNow can be used for any kind of emotional support, including critical situations.
5. **Service Fees:** You will not be charged for the services provided by PLU Counseling Services.
6. **Summary of Staff Training:** All PLU professional Counseling Services staff are trained at the graduate level and are licensed in the State of Washington.
7. **PLU Counseling Services may change the terms of this Notice of Privacy Practices / Disclosure Statement at any time:** The revised notice would apply to all health information we maintain. If we

change any of the practices described in this Notice, we will post the revised Notice on our website at [www.plu.edu/counseling/documents](http://www.plu.edu/counseling/documents).

8. **End-of-year Evaluation:** In May or June of each academic year, we may contact you via email (unless you specify you do not wish to be emailed) to fill out our year-end survey on our services. Your answers will always be held in strict confidence and help us provide excellent counseling services to students.
9. **Transfer of Care:** Please be advised that, in certain instances, your counselor may need to transfer your case to another counselor if it is believed to be in your best interest. For example, a transfer may be necessary if your counselor learns they are also seeing your roommate, significant other, or close friend. Such transfers are intended to maintain your counselor's objectivity and protect your privacy. Please inform your counselor if you think a conflict such as this might exist.

### COMPLAINTS

All staff at PLU Counseling Services are accountable for their work with you. If you are concerned that any of our professional staff have violated your privacy rights, treated you unethically/unprofessionally, or you disagree with a decision made about access to your records, you may send a written complaint to the HIPAA Compliance Officer/Associate Director for Clinical Operations, PLU Wellbeing Services and Resources, Pacific Lutheran University, Tacoma, WA 98447, and/or the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201 or (877) 696-6775.

If you have any questions regarding this Notice or PLU Counseling Services information disclosure/privacy policies, please contact the HIPAA Compliance Officer/Associate Director for Clinical Operations, PLU Wellbeing Services and Resources, Pacific Lutheran University, Tacoma, WA 98447 or email at [counseling@plu.edu](mailto:counseling@plu.edu).

My signature acknowledges that I have reviewed and understand the information provided in this Notice of Privacy Practices / Disclosure Statement, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), effective April 14, 2003. My electronic, typewritten signature will have the same legal effect as my handwritten signature.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PLU ID #

### **In Case of a Psychological Emergency**

- Contact:
  - Your residence hall staff member, or
  - **PLU Crisis Line at 253-535-7075, or**
  - PLU Campus Safety at 253-535-7911
  - TimelyCare (formerly Lute Telehealth): ([timelycare.com/lute-telehealth](https://timelycare.com/lute-telehealth)) – choose TalkNow
- **988 Suicide & Crisis Lifeline**
- Pierce County: Crisis Line 1-800-576-7764
- King County: Crisis Connections 1-866-427-4747
- Thurston County: Crisis Clinic 360-586-2800, Crisis Resolution Services 1-800-270-0041
- Your local Crisis Line Clinic or **911**

### **Suicide Prevention**

- **988 Suicide & Crisis Lifeline**
- Suicide Prevention Hotline: 1-800-273-TALK (1-800-273-8255)
- Crisis Text Line: text HELLO to 741741

### **Local Hospital Emergency Rooms -**

- Parkland - Good Samaritan Emergency Dept - 253-697-8660
- Tacoma - St. Joseph Hospital, 253-426-6963
- Tacoma - Tacoma General Hospital, 253-403-1050
- Tacoma - Allenmore Hospital, 253-459-6352
- Lakewood - St. Clare Hospital, 253-588-1711
- Puyallup - Good Samaritan, 253-697-4200
- Bremerton - Harrison Hospital, 360-744-6710
- Olympia - St. Peter Hospital, 390-493-7389
- Enumclaw - St. Elizabeth Hospital, 360-802-8366