

Subject: BAIRD HEALTH & COUNSELING CENTER (Re: Health Information) NOTICE OF PRIVACY PRACTICES AND STUDENT RIGHTS		Initiated by: P.Spear Reviewed by: M.LaPointe Esq., Sheehan Phinney Bass + Green PA
Date/Change : Mar2010 /supersedes BHCC Statement of Confidentiality	Reference: New Hampshire R.S.A. 151:19 et seg, NH Code of Admin. Rules He-P Part 816; Mental Health Bill of Rights (NH)	
Date/Change: Apr2010 / legal review	Date/Change: Apr2011 / update closing statement re: liability	
Date /Change: Mar2012 / revise sect III to 1 st person	Reviewed Aug 2013 N/C;PS; 4/19/2016 revise to specify NH Patient Bill of Rights reviewed; Reviewed Mar2018 N/C PS; Revise to add telehealth 8/2023	

BHCC - NOTICE OF PRIVACY PRACTICES AND STUDENT RIGHTS

I. Introduction

This Notice describes how Baird Health & Counseling Center (“BHCC”) may use and disclose your health information and your rights with respect to this information at Colby-Sawyer College.

II. Baird Health & Counseling Responsibilities

BHCC shall:

- a. Subject to the terms of this Notice, maintain the confidentiality of your health information.
- b. Ensure that its professionals and staff abide by college confidentiality policies and applicable legal and ethical privacy standards.
- c. Provide you with this Notice of our responsibilities and privacy practices with regard to health information that we collect and maintain about you.
- d. Limit use and disclosure of your health information that does not require your specific written authorization to the conditions below:
 1. Your health information may be used and disclosed by members of our staff and others outside of our office who are involved in your care and treatment for the purpose of providing services to you (i.e., consulting physician, emergency services).
 2. Should you participate in college athletics or request disabilities services, applicable portions of your health information may be made available to the Athletic Training Department and/or Disabilities Services of the college who are bound to maintain the confidentiality of this information.
 3. Your health information will be used as needed to obtain payment for services that we provide you. For example, some pharmacies and health insurance plans need a diagnosis code to make a determination that the item or service is covered by the plan.
 4. We will disclose your health information if legally authorized by the Food and Drug Administration, to comply with worker’s compensation laws, to public health authorities, for law enforcement purposes, in the course of legal proceedings in response to a court order or other lawful process, to report a death, to law enforcement, and as otherwise required by law.
 5. In accordance to the law, in order to avoid a serious threat to your health or safety or to another person(s) or the public, we will provide the necessary amount of your health information to persons able to prevent or lessen such harm.
 6. Staff members may disclose that you have been seen at BHCC to family members or Colby-Sawyer staff/faculty with a need to know but will not share your health information without your written consent.
 7. BHCC may use or disclose your health information for our own quality assessment and improvement purposes, for training and supervision of staff members, and for licensing and certification purposes.

8. As needed, BHCC may share your health information with third parties that perform various activities for us that are essential to our operations, such as attorneys or information technology consultants. Whenever it is necessary for us to disclose your health information to such third parties, we will limit the amount of information that we provide to the minimum necessary to accomplish the particular task and we will require the third party to maintain the confidentiality of the information.
9. BHCC may also disclose your health information to provide you with appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

III. Rights You Have Regarding Your Health Information and Your Treatment at BHCC

- a. I have the right to request limits on uses and disclosures of my health information but BHCC is not legally required to accept it. If BHCC accepts my request, BHCC will do so in writing and abide by them except in emergency situations.
- b. I have the right to ask that BHCC send information for me at an alternate address.
- c. I have the right to see and get copies of my health information and will make a request in writing.
- d. I have a right to correct or amend my health information.
- e. I have had the opportunity to review my rights in accordance with the "Patient Bill of Rights" provided pursuant to NH RSA 151:21 and "Mental Health Bill of Rights" (NH); copies are provided in the BHCC waiting room.

IV. For more information or to Report Complaints

If you have questions or would like additional information, you may contact the Director of Baird Health & Counseling Center, 541 Main St. New London, NH 03256, 603-526-3622, www.bhcc@colby-sawyer.edu, the VP and Dean of Students at Colby-Sawyer College, 541 Main St. New London, NH, 603-526-3758 or NH Regulatory agencies. If you have a complaint, complaint forms are available in the BHCC waiting room and on the Colby-Sawyer web site. BHCC shall investigate all complaints and shall use its best efforts to resolve complaints in a timely manner. Complaints may also be submitted to the New Hampshire Department of Health and Human Services, Bureau of Health Facilities Administration, 125 Pleasant St. Concord, NH 03301, 603-271-7014, www.dhhs.nh.gov/DHHS/BHFA/default.htm or the New Hampshire Board of Mental Health Practice, 117 Pleasant St., Dolloff Bldg., Concord, NH 03301, 603-271-6762, www.nh.gov/mhpb/consumers.html.

Note: We reserve the rights to change the terms of this Notice at any time.

I have been given this information including NH RSA 151:121. I understand it, and I have been given the opportunity to ask questions and all questions have been answered to my satisfaction. I consent to the use or disclosure of my health information in the manner set forth in this notice. I release the College, its staff, and employees from any and all liability arising out of, or connected with 1) the performance of laboratory tests or 2) the diagnosis based on laboratory tests. I understand the college health center is required by state law to report positive results of certain laboratory tests to the public health agencies.

My signature below indicates that I have read, reviewed, and understood the policies outlined in this document as well as attached documents on BHCC procedures including my Bill of Rights.

Name (Print)_____ Date of Birth_____

Signature_____ Date_____