

The George Washington University
 Community Counseling Services Center
 2134 G Street, NW, Washington DC, 20052

Notice of Privacy Act Practices

This notice describes how medical/mental health information (Protected Health Information) about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

We have a duty to maintain the privacy of your health and mental health information and to provide you with this notice. You will be asked to sign a Consent form. Once you have signed the Consent Form, we may use or disclose your Protected Health Information for purposes of determining your diagnosis where applicable, treatment, providing counselor supervision, or to conduct healthcare operations.

Other permitted and required uses and disclosures may be made without your consent, authorization, or opportunity to object include:

- **Abuse or Neglect:** If a counseling intern suspects abuse of a child or an elder, they are mandated to make a report to the appropriate public authorities.
- **Danger:** If your counseling intern suspects you are in imminent danger of harming yourself or someone else, they are mandated to make a report to the person at risk and to the public authorities.
- **Legal Proceedings:** We may disclose Protected Health Information in response to a court order of subpoena or in certain other legal proceedings.

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually this includes demographic and billing records but does not include psychotherapy notes. To inspect and/or receive copies of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We must respond to your request within 15 days of receipt.
- **Right to Amend:** If you feel that health information about you is incorrect or incomplete, you may ask your counseling intern to amend the information. You have the right to request an amendment for as long as the information is kept by our counseling center. Your request for amendment must be in writing and must include a reason for your request.
- **Right to an Accounting of Disclosures:** You have the right to request an Accounting of Disclosures we have made of information about you. You must submit your request in writing to the above address. Your request must state a time period for the disclosures which may not be longer than six years.
- **Right to Request Restriction on Uses and Disclosures:** You may request that disclosures of confidential information be limited. If we are unable to agree to that restriction, we can discuss other options, such as referral to another agency.
- **Right to Limit Reception of Confidential Information:** For example, you may request that we contact you only at a certain address or phone number. You do not have to give a reason for your request.
- **Right to a Paper Copy of this Notice:** At your request, you will be given a paper copy of this notice for your records.

Other uses and disclosures of Protected Health Information and any disclosures of psychotherapy notes will be made only with your written authorization. After such authorization is given, you may revoke authorization at any time.

This Notice may be amended as needed to comply with federal, District and professional requirements. If you believe your privacy rights have been violated, please let your counseling intern know either in writing or by talking to him/her/them. Such a complaint will not result in retaliation by your counseling intern. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

 Printed Name of Client

 Signature of Client/Custodial
 Parent/Guardian

 Date



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Acknowledgement of Notice of Privacy Act Practices

You have the right to refuse to sign this form.

I, _____ have received a copy of the **Notice of Privacy Act Practices**.
Print Name

Signature of Client/Custodial Parent/Guardian

Date

----- For office use only -----

We attempted to obtain written acknowledgement of receipt of our Notices of Privacy Act Practices but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- Other (Please specify): _____

CLIENT RIGHTS

At the George Washington University Community Counseling Services Center, we recognize that each client brings his/her/their own needs and desires to the arena of personal, career, or family/couples therapy. With regard for each individual in mind, we guarantee each client the following rights:

- The right to be treated with respect
- The right to be appraised of all survey and inventory result and to be supplied with copies of the results.
- The right to be heard in a confidential setting.
- The right of privacy for all survey results and other information gained during counseling sessions.
- The right to be informed of the reasons for the termination of services if the counseling intern and his/her/their supervisor deem such action to be in the best interests of the client and/or the counseling center.
- The right not to be discriminated attains in the provision of services on the basis of sex, race, ethnicity, color, religion, national origin, age, sexual orientation or gender identity.
- The right to be informed of the fee for services.
- The right to file a written or oral grievance.
- The right to be advised of observation techniques, such as video recording of counseling sessions.

HOTLINE NUMBERS

<p>National Hopeline Network</p>	<p>A program of the Kristin Brooks Hope Center, Hopeline provides support with trained counselors through this national hotline to prevent suicide.</p>	<p>800-442-4673</p>
<p>National Suicide Prevention Lifeline https://suicidepreventionlifeline.org/</p>	<p>“Lifeline assists people in immediate crisis with a skilled, trained crisis worker who will listen to the problems they are experiencing and will connect them to local mental health services. All calls are confidential and free.” Text: “CONNECT” to 855-11 Lifeline Chat: SuicidePreventionLifeline.org/chat</p>	<p>800-273-8255</p>
<p>Gay, Lesbian, Bisexual and Transgender National Hotline https://www.glbthotline.org/hotline.html</p>	<p>HOURS: Monday thru Friday from 4pm to midnight, Saturday from noon to 5pm “The Gay, Lesbian, Bisexual and Transgender National Hotline provide telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States. All services are free and confidential.”</p>	<p>888-843-4564</p>
<p>Comprehensive Psychiatric Emergency Program https://dbh.dc.gov/service/emergency-psychiatric-services</p>	<p>The Comprehensive Psychiatric Emergency Program is a twenty-four hour/seven day a week operation that provides emergency psychiatric services, mobile crisis services. Can be accessed by telephone or in person. DC General Hospital Compound, Building 14, 1905 E Street, SE, Washington, DC 20003</p>	<p>202-673-9319</p>
<p>ACCESS Helpline https://dbh.dc.gov/service/access-helpline</p>	<p>Call the Access Helpline to get emergency psychiatric care; help with problem solving; determine whether to seek ongoing mental health services or other types of services; or find out what services are available</p>	<p>888-793-4357</p>
<p>National Domestic Violence Hotline Thehotline.org</p>	<p>Our highly-trained advocates are available 24/7/365 to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.</p>	<p>800-787-7233</p>
<p>DC Rape Crisis Line http://dcrcc.org/</p>	<p>Operates a telephone hotline with trained counselors 24/7. Provides counseling and emotional support for survivors of rape, incest and childhood sexual abuse. Offers a companion program to accompany survivors to hospitals.</p>	<p>202-333-7273</p>
<p>Trans Lifeline https://translifeline.org/hotline</p>	<p>Trans Lifeline’s Hotline is a peer support service run by trans people, for trans and questioning callers. Our operators are located all over the U.S. and Canada, and are all trans-identified. If you are in crisis or just need someone to talk to, even if it’s just about whether or not you’re trans, please call us. We will do our best to support you and provide you resources.</p>	<p>877-565-8860</p>
<p>Montgomery County Crisis Center</p>	<p>The Crisis Center provides free crisis services 24 hours a day/ 365 days a year. Services are provided by telephone (240-777-4000) or in person at 1301 Piccard Drive in Rockville (no appointment needed).</p>	<p>240-777-4000</p>
<p>Arlington County</p>	<p>Call 703-228-5160 or go to Emergency Services at 2120 Washington Blvd., Arlington VA 22204. Anyone living, working or visiting Arlington experiencing a mental health emergency is eligible for services.</p>	<p>703-228-5160</p>