



CCS Privacy Statement

This Statement provides an overview of the Montclair State University Center for Clinical Services' (CCS) privacy policy regarding the records maintained in CCS.

1. We collect information when you schedule an appointment, self-report information through surveys, forms, make referrals, and share information through various interactions between CCS and other University faculty or staff with a legitimate educational interest in the information, or as otherwise permitted by the Family Educational Right to Privacy Act.
2. We use information in general (i) to provide, analyze and improve our services, (ii) to obtain payment from you (iii) for training student clinicians (iv) as we reasonably believe is permitted by laws and regulations, including for marketing and advertising purposes, (v) to protect the security and safety of our company, employees, and customers as we reasonably believe is permitted by laws and regulations, (vi) to comply with laws and regulations we are subject to, and (vii) when you consent, for research purposes, the results of which could be used to develop additional therapies.

Each client has certain rights to their information kept at CCS. These rights are:

- Access. You can ask to look at your information.
- Restriction. You can ask to limit who sees your information or how it is shared.
- Accounting. You can ask to see the list of places where your information has been sent.
- Amending. You can ask to change information if you believe it requires correction.

CONSENT TO THE USE OF SENSITIVE INFORMATION

By agreeing to submit to services at CCS, you consent to sensitive information, such as information about your health, and self-reported demographic information such as racial and ethnic origin, being used by the University to:

1. analyze and provide you with Services delivered by CCS;
2. train students in behavioral healthcare treatment or educational assessment services;
3. determine whether you would be suitable to take part in other programs offered by the University or CCS; and
4. monitor and improve existing services that we offer or to develop new programs

We will not use your sensitive information without your consent unless: (i) the information has been de-identified or aggregated so that you cannot reasonably be identified as an individual; or (ii) a legal obligation requires the University to disclose it, e.g. a court order requires the University to disclose the information.

CONSENT TO THE TRANSFER OF YOUR PERSONAL INFORMATION

By agreeing to submit to services at CCS, you consent to the storing and processing of your personally identifiable information, including sensitive information.

1. You may independently decide to disclose your information to friends and/or family members, doctors, health care professionals, or other individuals outside CCS.
2. If you request that we share your information with doctors, healthcare professionals or others, we will ask you to complete a signed authorization form.

Changes to this Privacy Statement

We reserve the right to change CCS' privacy practices and terms of this Notice at any time, as permitted by applicable law. We reserve the right to make the changes in CCS privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make such changes, we will update this Notice and post the changes in the lobby of the facility and our webpage. You may also request a copy of this Statement at any time.

Questions and Complaints

MSU's Privacy Officer may be reached at:

Phone: 973/655-7781 or E-mail: PrivacyOfficer@mail.montclair.edu

If you are concerned that CCS' privacy policies may have been violated, you may contact the Privacy Officer listed above.

Consent to Future Research Recruitment

You may contact me for future research or studies at CCS:

Please initial: _____ Yes _____ No

Consent to Recording

While receiving services, I authorize the recording of me (or my child) using the University's video system:

Please initial: _____ Yes _____ No

ACKNOWLEDGMENT OF PRIVACY STATEMENT

I, _____ have received a copy of the CCS Privacy Statement.
(PLEASE PRINT CLIENT NAME)

Client Signature (or signature of parent/legal guardian)

Date