This Notice Describes How Health Information About You May Be Used and Disclosed and How You Can Access This Information. Please Review It Carefully.

If you have any questions about this notice, please contact Youth for Change (YFC), Privacy Officer, P.O. Box 1476, Paradise, California 95967 (530) 877-1965

Who Will Follow This Notice? This notice describes our agency’s practices and that of any health care professional authorized to enter into your profile at any YFC facility/program, or at our contractors. This includes any intern, volunteer, or unlicensed person, who might help you while you are receiving services, all employees, staff and other personnel who work for this agency or those who contract with us. These individuals may share medical information about you with each other for purposes of treatment, payment or operations as described in this notice.

Our Pledge Regarding Health Information - We understand that health information about you is private/personal and we are committed to protecting your health information. We are permitted to use your health information about you for purposes of treatment, payment or operations as described in this notice. We assure our clients that we will maintain the confidentiality of health information that we obtain about you in the course of providing services to you.

For Health Care Operations - We may use/disclose health information about you for agency administration purposes. These uses/disclosures are necessary to operate the agency and ensure that you are able to receive quality care. For example, we may use/disclose information from you to the appropriate agency for the performance of our staff in caring for you. We may combine health information about many YFC clients to decide what additional services the agency should offer, what services are not needed, and whether certain new programs/treatments are effective, or for staff to review for learning purposes. We may disclose information to psychiatrists, licensed clinical social workers, psychologists, clinicians, marriage family therapists (and MFT interns), physicians, vocational/registered nurses, individual contractors, students, interns or to other behavioral health care staff who are involved in taking care of you at this agency, or who work with you on a regular basis to provide care to you. Furthermore, we may disclose information for purposes of quality assurance and peer review. We may combine health information from other agencies to compare our services and where improvements can be made in the care/services we offer. We will remove any information that identifies you from this set of health information so that it is not individually identifiable before it is used or disclosed for these purposes, except in the context of the peer review process. If you are a member of the armed forces, we may release health information about you without learning who the specific clients are. We are required to deliver our charts to Butte County Behavioral Health for periodic quality reviews. We may use our charts in audits, fraud and abuse programs or planning and managing the Medi-Cal program.

Appointment Reminders - We may use/disclose health information to contact you as a reminder that you have an appointment or to change an appointment for programs or services with our agency or contractors. If you are not at your contact phone number, we may leave this information on your answering machine or a message left with the individual answering the phone.

Treatment Alternatives - We may use and disclose health information to tell you about, or recommend possible programs or services that may be of interest to you.

Health-Related Benefits and Services - We may use/disclose health information to tell you about health-related benefits/services that may be of interest to you, i.e. food programs.

Individuals Involved in Your Care or Payment for Your Care - With your permission we may release limited health information about you to family, personal or other relationships by example; audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

As Required By Law - We will disclose health information about you when required by federal, state, or local law. Example, if we reasonable suspect child abuse, we are mandated by law to report. Or, information may be disclosed to the Department of Health and Human Services to ensure that your rights have not been violated.

To Avert a Serious Threat to Health or Safety - We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure, however, would only be known to someone able to help prevent the threat.

For Appeals - You or your health care provider may appeal Medi-Cal decisions made about your health care services. Your health information may be used to decide these appeals.

Multi-disciplinary Teams - We may share information with professionals serving on “multi-disciplinary personnel” teams if the information is related to the prevention, identification, management, or treatment of an abused youth and his/her parent(s).

Military and Veterans - If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may release health information about foreign military personnel to the appropriate foreign military authority.

Worker’s Compensation - We may release health information about you for worker’s compensation or similar programs. These programs provide benefits for work-related injuries/illness.

Public Health Risks - We may disclose health information about you for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; to report births or deaths; to report the abuse or neglect of children, elders, and dependent adults; to report reactions to medications or problems with products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities - We may disclose limited health information about you for oversight activities by example; audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes - If you are involved in a lawsuit/dispute, we may disclose health information about you in response to a court or administrative order. We may disclose...
health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only as authorized by law and only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement-We may release health information if asked by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person if authorized by law; to provide information about the victim of a crime, under certain limited circumstances where we are unable to obtain the person’s agreement; to provide information about a death we believe may be the result of criminal conduct; to report criminal conduct at our facilities, or threats of such conduct against our staff or facilities; in emergency circumstances to report a crime, the location of the crime or victim; or the identity, description, or location of a person who committed the crime; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authorities; or to determine if a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Your Rights Regarding Health Information About You-You have the following rights regarding the medical information we maintain about you:

Right to Inspect and Copy-You have the right to inspect/copy health information that may be used to make decisions about your care. Usually, this includes mental health medical/billing records, but may not include some physical health information.

To inspect and copy health information that may be made to make decisions about you, you must submit your request in writing to Privacy Officer, Youth For Change, P.O. Box 1476, Paradise, CA 95967. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect/copy in certain, very limited circumstances. If you are denied access to health information, you may request an examination and explanation of the denial by another licensed healthcare professional chosen by the agency that will review your request and the denial. The person conducting the review will not be the person who denied your request. If you dispute the denial, we will comply with the outcome of the review. If, as a result of the review, you are still denied access you may arrange to have another healthcare professional review your record on your behalf.

Right to Amend-If you feel that health information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for the agency or our independent contractors. To request an amendment, your request must be made in writing and submitted to Youth for Change, Privacy Officer, P.O. Box 1476, Paradise, California 95967. In addition, you must provide a reason why you believe the information is incorrect or incomplete and a description of what is incorrect or incomplete and how it should be changed.

Coroners, Medical Examiners/Funeral Directors-We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients of the agency or our contractors to funeral directors as necessary to carry out their duties.

Protective Services for the President and Others-We may disclose health information about you authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates-If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you authorized by law, must be submitted in writing to the law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Your Rights to Notice of Uses and Disclosures of Your Information

Right to Access to Disclosures-You have the right to request an “Accounting of Disclosures.” This is a list of the disclosures we made of health information about you other than for treatment, payment, or healthcare services, as those functions are described above and for certain other disclosures we are not required to account for, such as a result of your request that we disclose information to a third party. To request this list of “Accounting of Disclosures”, you must submit your request in writing to Privacy Officer, Youth for Change, P.O. Box 1476, Paradise, CA 95967. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be provided to you at no cost. Subsequent lists may be provided to you for a reasonable cost. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions-You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare services. You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or payment, such as a family member or a friend. For example, you could ask that we not use or disclose information about your diagnosis or treatment. We are not required to agree to your request. If we do agree to your request to limit how we use your information for treatment, payment/healthcare services, we will comply with your request unless the information is needed to provide you emergency treatment. This information will be written in your healthcare chart. To request restrictions, you must make your request in writing. Your request must state: (1) the health information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications-You have the right to request that your health information not be disclosed in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to your provider. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice-You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, http://www.youth4change.org. To obtain a paper copy of this notice, you must make your request in writing to Privacy Officer, Youth for Change, P.O. Box 1476, Paradise, CA 95967.

Changes To This Notice-We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the offices of Youth for Change. The notice will contain on the first page, in the top left-hand corner, the version date. In addition, each time you receive services at our offices or with one of our independent contractors as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints-if you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to the Privacy Officer at YFC, P.O. Box 1476, Paradise, CA 95967. If you are dissatisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services, Office of Civil Rights, Hubert Humphrey Building, 200 Independence Avenue, S.W., Room 509F HHIBuilding, Washington, D.C., 20201.

You will not be penalized for filing a complaint.

Other uses of Health Information-Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written statement. You understand that we are unable to take back any disclosures we may have already made with your permission, and that we are required to retain our records of the services that we, or our independent contractors, provided to you.

YFC may indirectly disclose your participation or involvement with this agency if you participate in a public outing or public fundraising activities by an YFC staff wearing clothing with the YFC logo and/or name or sign(s) with the YFC logo and/or name during a fundraiser.