



Youth for Change
Notice of Privacy Practices
Version 1.0
Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW
HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO 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 information into your chart/file 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 personal/private and we are committed to protecting your health information. We create a record of care/services you receive on behalf of this agency so we provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this agency, its providers, staff, and those who provide services to you on behalf of YFC. In addition, it applies to any records we may have received from your other providers. Other providers may have different policies or notices regarding their use and disclosure of health information created at their office or facilities. This notice will tell you about the ways in which we may use/disclose your health information. We describe

your rights and certain obligations we have regarding the use/disclosure of health information. We are required by law to make sure that health information identifying you is kept private, to give you notice of our legal duties and privacy practices with respect to this information about you, and to follow terms in the current notice.

How We May Use/Disclose Medical Information

About You-The following categories describe different ways that we use/disclose health information. Every use/disclosure for each category will have an example listed. All of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment- We may use health information about you to provide you with medical treatment or services. The term "medical treatment" includes all behavioral healthcare and medical services that you might receive here or from our contractors (outpatient health services, inpatient health services). We may disclose health information about your mental or medical health care to other behavioral health care professionals at this agency or to physicians, nurses, clinicians, counselors, or other YFC personnel who are involved in administering services provided by YFC or our contractors. For example, we may share health information with a pharmacist who needs to dispense a prescription, or a physician assessing your physical health may need to know your physical disabilities that may prevent you from attending recommended services at another site. In addition, the doctor may need to inform the clinician or counselor if you have these disabilities to ensure adequate scheduling of services in the future. Another example might be a licensed clinician may ask a staff member to call the office of a psychiatrist to arrange for a medication assessment appointment for you. Your clinician might then discuss with the psychiatrist concerns he/she has about you and why medications might be useful. Different programs at YFC may share health information about you in order to coordinate the different factors you need, such as medications, counseling, lab work or other services. We may disclose health information about you to people outside the agency who may be involved in your health care after you complete certain goals or programs, such as family members, clergy, or others we use to provide services that are part of your care.

For Payment-We may use and disclose health information about you so that the treatment and services you receive from YFC or our contractors may be billed and payment may be collected from you, Medi-Cal, an insurance company, or a third party. For example, we may need to give your health plan information about treatment/services/counseling you received by YFC so your health plan will pay or reimburse you or us for the services. In addition, we may tell your health plan provider about a treatment you are going to receive, and to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations-We may use/disclose health information about you for agency administration. These uses/disclosures are necessary to operate the agency and ensure that all of our clients receive quality care. For example, we may use health information to review our treatment/services to evaluate 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 this agency to provide care for its clients. Furthermore, we may disclose information for purposes of quality assurance and peer review. We may combine health information from other agencies to compare our effectiveness and where improvements can be made in the care/services we offer. We will remove information that identifies you from this set of health information so others may use it to study health care and health care delivery 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 our 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 a friend/family member who is involved in your health care or who helps pay for your care. Example, if you ask a friend to pick up medication for you at the pharmacy, we may tell that person what the medication is and when it will be ready for pickup. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are receiving services from our agency or contractor. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

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 and safety or the health and safety of the public or another person. Any disclosure, however, would only be 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 relevant 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 medical 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 information to a health oversight agency for activities authorized by law. For 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 the 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 authority if we believe 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.

National Security and Intelligence Activities-We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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 to 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 to the correctional institution or 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 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 used 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 that the denial be reviewed. Another licensed healthcare professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. 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 that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request if you ask us to amend information that:

- ✓ Was not created by us or our contractors, unless the person or entity that created the information is no longer available to make the amendment;
- ✓ Is not part of the health information kept by or for the department or our contractors;
- ✓ Is not part of the information which you would be permitted to inspect and copy; or
- ✓ Is accurate and complete.

Authorize Us to Use or Disclose Your Information-You have the right to authorize us to use/disclose your private health information to other healthcare providers and/or individuals who are working together to coordinate/provide services to you. This may include Community Based Organizations, school officials, probation, social services, and others. You may authorize us to disclose protected health information to your attorney, a consumer rights advocate, your healthcare agent, to a family member, or to anyone else you designate. We have the right to monitor, and to approve such

requests as allowed and permitted under the law. We must comply with your request that your records be released to your attorney/consumer rights advocate who is acting upon your behalf.

Right to an Accounting of 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 our own use, or those of our contractors, payment and 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 free. For additional lists, we may charge you for the costs of providing the list. 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 the services you receive or the payment for your care, like a family member or 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 to your provider. In your request, you must tell us (1) what 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 we communicate with you about health matters 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 H. Humphrey Building, 200 Independence Avenue, S.W., Room 509F HHH Building, 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.

