

YOUTH OPPORTUNITIES

NOTICE OF PRIVACY PRACTICES

To meet the requirements of the privacy regulations resulting from the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY.

NOTICE OF PRIVACY PRACTICES

This notice applies to any records containing Protected Health Information (PHI, for short) which our organization has created or collected. We are required by law to protect the privacy of your child's PHI and we must inform you of our privacy practices and legal duties. PHI includes any information which can be used to identify your child or your family in any way. We are dedicated to maintaining the privacy of your child's PHI.

This privacy notice will be posted in our offices and facilities in a visible location. We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for all PHI that we maintain. The revised Notice will also be posted in our offices and facilities in a visible location. You may request a copy of the revised Notice at any time. This notice of privacy practices is effective as of June 15, 2004.

FOR QUESTIONS ABOUT THIS NOTICE

We have designated a Privacy Officer to answer your questions about our privacy practices and to ensure that we comply with applicable laws and regulations. The Privacy Officer also will take your complaints and can give you information about how to file a complaint. Our privacy officer is Gayle Bertolotti. You can contact her at (336) 724-1412 x.132 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT WE ARE REQUIRED TO MAKE WITHOUT YOUR PERMISSION

In certain circumstances, we are required by law to make a disclosure of your child's PHI. For example, state law requires us to report suspected child abuse or neglect. Also, we must disclose information to the U.S. Department of Health and Human Services, if requested, to prove that we are complying with regulations that safeguard your child's PHI.

USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION THAT WE ARE ALLOWED TO MAKE WITHOUT YOUR PERMISSION

There are certain situations where we are allowed to disclose information from your child's record without your permission. In these situations, we must use our professional judgment before disclosing information about your child. Usually, we must determine that the disclosure is in your child's best interest, and may have to meet certain guidelines and limitations. These situations include the following:

- **For treatment.** We may use or disclose PHI in your child's record to coordinate and provide treatment to your child. We may disclose PHI in your child's record to help him/her get health care services from another provider, a hospital, etc. For example, if we want an opinion about your child's condition from another qualified mental health professional, we may disclose PHI to him or her to obtain that consultation.
- **For payment.** We may use or disclose PHI from your child's record to obtain payment for the services your child receives. For example, we may submit your child's diagnosis with a health insurance claim in order to demonstrate to the insurer that the service should be covered.
- **For health care operations.** We may use or disclose PHI from your child's record to allow "health care operations." These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers. For example, we may use PHI in your child's record to train our staff about his/her condition and its treatment.
- **Serious Threat to Safety.** We may use or disclose PHI from your child's record if we believe that is necessary in order to prevent or lessen a serious and imminent threat to the safety of a person or the public.
- **Public Health Risks.** We may report births and deaths to public health authorities, as well as certain types of diseases, injuries, adverse drug reactions, and product defects.
- **Health Oversight Activities.** We may provide PHI to government agencies when they conduct inspections or investigations. For example, the Division of Facility Services may make site visits to ensure compliance with regulations and policies.
- **Workers' Compensation.** We may disclose PHI from your child's record to comply with workers' compensation laws.
- **Lawsuits and Other Legal Proceedings.** We may disclose PHI from your child's record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose PHI in response to a subpoena or other legal process, even if this is not ordered by a court.

- **Law Enforcement.** We may disclose PHI from your child's record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, we are allowed to disclose it. If your child tells us that he/she has committed a violent crime that caused serious physical harm to the victim, we may disclose that information to law enforcement officials. However, if your child reveals that information in a counseling or psychotherapy session, or in the course of his/her treatment for this sort of behavior, we may not disclose the information to law enforcement officials.
- **National Security.** Under certain conditions, we may disclose PHI for specialized government purposes, such as the military, national security and intelligence, or protection of the President.
- **Correctional Officials.** We may disclose to a correctional institution or law enforcement officials the PHI of an individual who is an inmate or otherwise in lawful custody for purposes of health, safety, and security.
- **Appointment Reminders.** We may use PHI for appointment reminders.
- **Treatment Options.** We may contact you with information about treatment alternatives or other health-related benefits or services for your child that may be of interest to you.
- **Release of Information to Family.** We may provide your child's PHI to a family member, friend, or other person that you indicate is involved in your child's care. We may also provide PHI to a family member, friend or other person if they are involved in the payment of your child's health care, unless you object.
- **Research.** We may use or disclose PHI from your child's record for research under certain limited conditions.
- **Death of an Individual.** Our organization may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release PHI in order for funeral directors to perform their jobs. We may also disclose the PHI of a deceased individual to facilitate organ, eye, or tissue donation and transplantation.

YOUR RIGHTS REGARDING YOUR CHILD'S PHI

- **Request for Restrictions.** You may ask us to restrict the use and disclosure of certain information in your child's record that otherwise would be allowed for treatment, payment, or health care operations. We will consider your request but we are not legally required to accept it.**
- **Confidential Communication.** You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us. We must agree to your request so long as we can easily provide the information in the way you requested.**
- **Access to Your Health Record.** In most cases, you have a right to inspect the information in your child's record, and may obtain a copy of it. This may be subject to certain limitations and fees.**
- **Amendment.** If you believe there is a mistake in your child's information or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and the reason for the request in writing. If we approve your request, we will make the change to your child's information. The original portion of the written record will not be deleted but an addendum will be added to it. We may disagree with your request in writing if the information is (1) correct and complete; or (2) not created by us; or (3) not allowed to be disclosed; or (4) not part of our records. Our written disagreement will state the reasons and explain your right to file a written statement. If you don't file one, you have the right to have your request and correspondence included in all future disclosures of your child's PHI.**
- **Accounting of Disclosures.** You have the right to get a list of the instances in which we have disclosed your child's PHI. This list will not include disclosures for treatment, payment, or health care operations, or disclosures made directly to you or to your family. This list also will not include disclosures made for national security purposes, to corrections, or to law enforcement personnel.**
- **Complaints.** You have the right to complain to us about our privacy practices (including the actions of our staff with respect to the privacy of your child's PHI). You have the right to complain to the Secretary of the U.S. Department of Health and Human Services about our privacy practices. However, we urge you to first file your complaint with us in order to give us a chance to address your concerns. All complaints must be in writing. You will not face retaliation from us for making complaints.**
- **Right to Authorize Other Uses and Disclosures.** Except as described in this Notice, we may not make any use or disclosure of PHI from your child's record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining insurance coverage, the insurer may have the right to contest the policy or a claim under the policy even if you revoke the authorization.**
- **Paper Copy of this Notice.** You have a right to obtain a paper copy of this Notice from us upon your request, and you retain this right even if you have previously agreed to receive the Notice electronically. Please call the Privacy Officer at (336) 724-1412.

** All requests and complaints must be in writing, and may be mailed or delivered to Youth Opportunities, ATTN: Gayle Bertolotti, 206 N. Spruce Street, Suite 3, Winston-Salem, NC 27101. For more information, contact our Privacy Officer, Gayle Bertolotti, at (336) 724-1412 x.132 between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday.

If your child receives mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected child abuse, and may have to breach confidentiality if your child appears to pose an imminent danger to him/her or others, in order to reduce the likelihood of harm to him/her or others.

ACKNOWLEDGEMENT OF RECEIPT OF YOUTH OPPORTUNITIES' NOTICE OF PRIVACY PRACTICES

By signing below, I am acknowledging that I have received a copy of Youth Opportunities' Notice of Privacy Practices.

Legally Responsible Person (Print Name & Agency, if applicable)

Signature

Date

Client Name (if applicable)

Client ID (if applicable)

(For use by Youth Opportunities only)

Date received: _____

Initials YO staff: _____

If applicable, reason for not obtaining acknowledgement:

