



notice of privacy practices

I. THIS NOTICE DESCRIBES HOW PERSONAL AND CONFIDENTIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. Our Duty to Safeguard Your Protected Health Information

Under the HIPAA Privacy Rule, Friends of Youth is required to extend certain protections to your personal information, and to give you this notice about our privacy practices that explains how, when and why we may use or disclose your personal information. Except in specified circumstances, we must use or disclose only the minimum personal information to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this notice, though **we reserve the right to change our privacy practices and the terms of this notice at any time.** If we do so, we will post a new notice at Friends of Youth. You may request a copy of any new notice by contacting Friends of Youth at 13116 NE 132nd St., Kirkland, WA 98034 or by calling 425-869-6490.

III. How We May Use and Disclose Your Personal Information

We use and disclose personal information for a variety of reasons. For some uses and disclosures, we must have your written authorization; for others, no authorization is required. The HIPAA Privacy Rule provides that we are permitted to make some uses/disclosures without your written authorization. The following offers more description and examples of our potential uses/disclosures of your personal information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

For treatment: We may use/disclose your personal information to Friends of Youth staff members, volunteers, and other personnel who are involved in providing your treatment. We may also disclose your personal information to other affiliated facilities and treatment providers in order to ensure the provision of additional or modified services to you.

To obtain payment: We may use/disclose your personal information in order to bill and collect payment for your treatment. For example, we may release portions of your personal information to Medicaid, a private insurance plan, or a state office to get paid for treatment that we delivered to you.

For health care operations: We may use/disclose your personal information in the course of operating Friends of Youth. For example, we may use your personal information in evaluating the quality of treatment provided or disclose your personal information to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your personal information to designated staff in our central office for similar administrative and operational purposes. Release of your personal information to the county, state, and/or the Medicaid agency might also be necessary to determine your eligibility for publicly funded services.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Should an authorization be required, you or your authorized representative will be asked to sign the Friends of Youth standard authorization form. Once signed, authorizations can be revoked in writing at any time to stop future uses/disclosures, except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring Authorization: The Privacy Rule states that we may use/disclose your personal information without a written authorization in the following circumstances:

When required by law: We may disclose personal information when a law requires that we report information about a suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose personal information to authorities who monitor compliance with these privacy requirements.

For public health activities: We may disclose personal information when we are required to collect information about disease or injury, or to report vital statistics to the Public Health Authority.

For health oversight activities: We may disclose personal information to an accrediting organization or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Related to decedents: we may disclose personal information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye or tissue donations or transplants.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose personal information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose personal information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures Requiring That You Have an Opportunity to Object: In the following situations, we may disclose your personal information if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends, or others involved in your care: We may share with these people, information directly related to your family's, friend's or other person's involvement in your care, or payment for your care. We may also share personal information with these people to notify them about your location, general condition, or death.

IV. Your Rights Regarding Your Personal Information

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your personal information. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your personal information, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. To request a restriction, please contact your Program Manager or Friends of Youth at (425) 869-6490.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so. To request such a change, please contact the Friends of Youth main office at (425) 869-6490.

To inspect and copy your personal information: Unless your access is restricted for clear and documented service/treatment reasons, or under applicable laws and regulations, you have a right to see your personal information if you put your request

in writing. We will respond to your request within 30 days (or 60 days where your personal information is not maintained on-site). If we deny your access, we will give written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your personal information, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. In order to request access to your personal information, please contact the Friends of Youth main office at (425) 869-6490.

To request amendment of your personal information: If you believe that there is a mistake or missing information in our record of your personal information, you may request, in writing, that we correct or add to the record. We will respond within 30 days of receiving your request. We may deny the request if we determine that the personal information is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your personal information. If we approve the request for amendment, we will change the personal information, inform you, and tell others that need to know about the change in your personal information.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your personal information has been released other than instances of disclosure for which you gave consent (i.e. for service/treatment, payment, operations, to you, or your family). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request must state a time period for the disclosures you want us to include. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this Notice: You have a right to receive a paper copy of this Notice.

V. How to Make a Complaint Regarding a Violation of our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your personal information, you may file a complaint with the person listed in Section VI below. You also may file a written complaint with the Office for Civil Rights of the Federal Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

VI. Contact Person for Information, or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact your service provider or the Friends of Youth main office at 425-869-6490.