

NOTICE OF PRIVACY PRACTICES

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

This Notice informs you about the ways in which the National Youth Advocate Program (NYAP) or its affiliates (NYAP and its affiliates may be collectively referred to as "we" or "the Program") may collect, use and disclose your protected health information. This Notice also tells you of your rights concerning your protected health information. "Protected health information" is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of health care to you or the payment for that care.

We are required by federal and state law to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. These provisions will remain effective even if you are not a client in the Program, to the extent we retain information about you.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your protected health information for different purposes. The law permits the Program to use or disclose your protected health information as follows:

- **To you or your legal representative;**
- **For treatment, payment or health care operations.** We may use and disclose your information in order to perform treatment plan activities, quality improvement activities or administrative activities. This information may be used to assist your health care providers – therapists, counselors, social workers, doctors, nurses and others – in your diagnosis and treatment. We may also use or disclose your information in order to receive payment and/or reimbursement for the services we have provided to you. Health care operations means conducting quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating performance, training programs, accreditation, certification, licensing or credentialing activities, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and business management and general administrative activities;
- **Incident to a use or disclosure otherwise permitted or required by federal, state or local law, provided that only the minimum necessary information to accomplish the intended purpose of the use, disclosure or request is disclosed.** We will disclose information about you when required to do so by law, but we will only disclose enough information so that the purpose of the law is accomplished;
- **To avert a serious threat to your health or safety or the health and safety of the public or another person.** Any such disclosure, however, would only be to someone able to help prevent the threat;
- **To prevent public health risks, including child abuse or neglect.** We may disclose information for public health activities, generally including, the prevention or control of disease, injury or disability, the notification of a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition, or the notification of the appropriate government authority if we believe a child has been the victim of abuse or neglect;
- **For oversight activities.** We may disclose information to an oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspection and licensure;
- **For lawsuits, disputes or other legal actions.** If you are involved in a lawsuit, dispute or other legal action, we may disclose information about you in response to a court order or administrative order.

We may also disclose information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but 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;

- **Pursuant to and in compliance with a valid legal authorization for disclosure.** Should you authorize us to disclose your information to another person or entity, we may do so after receiving a written detailed authorization from you stating the nature of the information to be disclosed and the time period that that disclosure may be made;
- **To coroners or funeral directors.** We may release information to coroners or funeral directors as necessary to allow them to carry out their duties, and we may also disclose information in connection with organ or tissue donation;
- **For research.** Under certain circumstances, we may disclose protected health information about you for research purposes, provided certain measures have been taken to protect your privacy;
- **For specific government purposes.** We may disclose information for the following specific government purposes: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; and (4) for national security reasons;
- **Pursuant to an agreement between the Program and the client as provided for by applicable law.**

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

Other uses or disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time in writing, except to the extent that we have already taken action on the information disclosed.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding protected health information that the Program maintains about you.

- **Right To Access Your Protected Health Information.** You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include enrollment, billing, payment and case or medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.
- **Right To Amend Your Protected Health Information.** If you feel that protected health information maintained by the Program is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by the Program, you ask us to amend information that is not part of your designated record, you ask us to amend information that is not available for inspection under applicable law, or you ask to amend a record that is already accurate and complete as determined by the Program.

If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.

- **Right to an Accounting of Disclosures by the Program.** You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes.

Your request for an accounting of disclosures must be made in writing and must state a time period

for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate form in which you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

- **Right To Request Restrictions on the Use and Disclosure of Your Protected Health Information.** You have the right to request that we restrict or limit how we use or disclose your protected health information for treatment, payment or health care operations. ***We may not agree to your request.*** We would not agree to your request if, for example, your restrictions would hinder your treatment or payment for our services. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right To Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you about your information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. 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 a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our privacy office. See the end of this Notice for the contact information.

HEALTH INFORMATION SECURITY

The Program requires its employees to follow the NYAP security policies and procedures that limit access to health information about clients to those employees who need it to perform their job responsibilities. In addition, NYAP and its affiliates maintain physical, administrative and technical security measures to safeguard your protected health information.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for protected health information that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We also post a copy of our current Notice on our website at [www.nyap.org]. Any time we make a material change to this Notice, we will promptly revise and issue the new Notice with the new effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services.

We support your right to protect the privacy of your protected health information. ***We will not retaliate against you or penalize you for filing a complaint.***

CONTACT THE PROGRAM

If you have any complaints or questions about this Notice or you want to submit a written request to the Program as required in any of the previous sections of this Notice, please contact the NYAP Privacy Officer at:

Scott Timmerman
1801 Watermark Drive
Columbus, Ohio 43215

Or, you may contact the Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW.
Atlanta, GA 30303-8909
Voice Phone (404) 562-7886
FAX (404) 562-7881
TDD (404) 331-2867
e-mail: ocrcomplaints@hhs.gov