

NOTICE OF PRIVACY PRACTICES



This notice describes how medical and mental health information about the client may be used and disclosed and how the client can get access to this information. Please review it carefully.

Youth Services (YST) is required by applicable federal and state law to maintain the privacy of client health information. YST is also required to give the client this Notice about YST's privacy practices, YST's legal duties and the client's rights concerning the client's health information. YST is required to abide by the terms of this Notice of Privacy Practices. YST may change the terms of its notice, at any time. The new notice will be effective for all protected health information that YST maintains at that time. In the event that the notice is changed a new notice will be sent to the client by mail or at the time of the client's next appointment. The client may request a copy of YST's notice at any time.

This notice takes effect April 24, 2019, and will remain in effect until YST replaces it.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon the Client's Written Consent

The client and parent/guardian will be asked to sign a consent form. Once the client has consented to the use and disclosure of his/her protected health information for treatment, payment and health care operations by signing the consent form, this agency will use or disclose the client's protected health information as described below.

Treatment: YST may use and disclose, as needed, the client's protected health information to provide, coordinate, or manage the client's health care and any related services. This includes the coordination or management of the client's health care with a third party that has already obtained the client's permission to have access to the client's protected health information. This also includes any reference to drug and/or alcohol treatment as protected by federal law.

Payment: YST may use and disclose, as needed, the client's health information to obtain payment for services YST provides to the client. This may include certain activities that the Oklahoma Foundation for Medical Quality (OFMQ) may undertake before it approves or pays for the mental health care services YST recommends for the client such as; making a determination of eligibility or coverage for Medicaid benefits, reviewing services provided to the client and undertaking utilization review activities.

Healthcare Operations: YST may use and disclose, as needed, the client's health information in connection with YST's healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities, and conducting or arranging for other business activities.

Uses and Disclosures of Protected Health Information Based upon the Client's Written Authorization

Other uses and disclosures of the client's protected health information will be made only with the client's written authorization, unless otherwise permitted or required by law. The client may revoke this authorization, at any time, in writing. The client's revocation will not affect any use or disclosures permitted by the client's authorization while it was in effect. Unless the client gives YST a written authorization, YST cannot use or disclose the client's health information for any reason except those described in the Notice.

Emergencies: YST may use or disclose the client's protected health information in an emergency treatment situation. In the event of the client's incapacity or emergency circumstances, YST will disclose health information based on determination using professional judgment disclosing only health information that is directly relevant to the person's

involvement in the client's healthcare. If this occurs, the agency will try to obtain the client's consent as soon as reasonably practicable after the delivery of treatment.

Other Permitted and Required Uses and Disclosures that may be Made Without the Client's Consent, Authorization or Opportunity to Object

YST may use or disclose the client's protected health information in the following situations without the client's consent or authorization. These situations include:

Required by Law: YST may use or disclose the client's protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. The client will be notified, as required by law, of any such uses or disclosures.

Public Health: YST may disclose the client's protected health information for public health activities and purposes, to a public health authority that is permitted by law to collect or receive this information.

Health Oversight: YST may disclose the client's protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: YST may disclose the client's protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, YST may disclose the client's protected health information if YST believes that the client has been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: YST may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: YST may also disclose protected health information, so long as applicable legal requirements is met, for law enforcement purposes.

Criminal Activity: Consistent with applicable federal and state laws, YST may disclose the client's protected health information, if YST believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. YST may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

National Security: YST may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. YST may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. YST may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or client under certain circumstances.

Appointment Reminders: YST may use or disclose the client's health information to provide the client with appointment reminders (such as phone calls, voicemail messages, text messages, postcards, or letters).

Required Uses and Disclosures: Under the law, YST must make disclosures to the client and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

Client Rights

Access: The client has the right to inspect and copy his/her client's protected health information. The client may request that YST provide copies in a format other than photocopies. YST will use the format the client requests unless YST cannot practicably do so. The client must submit the client's request in writing to obtain access to the client's health information. The client may obtain a form to request access by using the contact information at the end of this notice. YST will charge the client a reasonable cost-based fee for expenses such as copies and staff time. If the client requests copies, YST will charge the client \$ 1.00 for the first page, and \$.50 for each subsequent page, covering copying or faxing costs, with additional postage costs if the client wants the copies mailed to the him/herself. If the client requests an alternative format, YST will charge a cost-based fee for providing the client's health information in that format.

Psychotherapy Notes and Other Exclusions to Access: Under federal law, however, the client may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Reviewable Grounds For Denial of Access: YST may deny an individual access under the following circumstances:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
2. The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
3. The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

Review of a Denial Of Access: If access is denied based on any or all of items 1, 2, and 3 of this section, the individual has the right to have the denial reviewed by a licensed health care professional who is designated by the covered entity to act as a reviewing official and who did not participate in the original decision to deny. The covered entity must provide or deny access in accordance with the determination of the reviewing official under items 1, 2, and 3 of this section.

Restriction: The client has the right to request a restriction of the client's protected health information. The client may also request that any part of the his/her protected health information not be disclosed to family members or friends who may be involved in the client's care or for notification purposes as described in this Notice of Privacy Practices. The client's request must be in writing and state the specific restriction requested and to whom the client wants the restriction to apply.

If a competent client requests that information not be disclosed to family members who are not legal representatives, YST will comply with this request.

Alternative Communication: The client has the right to request to receive confidential communications from us by alternative means or at an alternative location. The client must make his/her request in writing.

Amendment Request: The client has the right to request that YST amend his/her protected health information. The client's request must be in writing and explain why the information should be amended. YST has 60 days to respond to such requests. Under specific circumstances, YST may deny the client's request for an amendment. If YST denies the client's request for amendment, the client has the right to file a statement of disagreement with us and YST may prepare a rebuttal to the client's statement and will provide the client with a copy of any such rebuttal.

Disclosure Accounting: The client has the right to receive an accounting of certain disclosures YST has made, if any, of the client's protected health information. The client has the right to request a list of individuals to which their information has been disclosed, including in the event information was disclosed to an organization or entity. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices and disclosures to you or pursuant to a written authorization from you.

Notice: The client has the right to obtain a paper copy of the YST Notice of Privacy Practices upon request.

Questions and Complaints

The client may complain to YST or to the Secretary of Health and Human Services if the client believes the his/her privacy rights has been violated by YST. The client may file a complaint with YST by notifying the YST Privacy Officer of his/her complaint. YST supports the client's right to the privacy of his/her protected health information. YST will not retaliate in any way if the client chooses to file a complaint with us or with the U.S. Department of Health and Human Services.

The client may contact our Privacy Officer below for further information about the complaint process.

Privacy Officer: Shana Tilman
Contact Number: 918.582.0061
E-Mail Address: stilman@yst.org