

# Young House Family Services Notice of HIPAA Privacy Practices



We are committed to ensuring all of our clients fully understand what we do with your private health information after we receive it. This notice describes how health and service information about you may be used and disclosed and how you can get access to the information we gather about you. Any use or disclosure of information will be in a way that is consistent with this notice. Please review it carefully. We ask that you sign the Acknowledgement of Receipt acknowledging you have had the opportunity to read it and ask questions about it. We will keep the Acknowledgement of Receipt in your Case File.

## **How We May Use and Disclose your Protected Health Information (PHI) Without Your Authorization**

Generally, your protected health information will be used and disclosed to others for treatment, payment, or operations or as required by law. In every instance, we will use or disclose **only the minimum necessary** information required to serve you best.

**We will use your health information for delivery of services:** We may disclose your health information to Young House Family Services' staff members and other personnel who are involved in providing services to you. Sometimes teams of personnel involved with your care come together to talk about the families we serve and how to best serve them. This may include sharing information with a referring entity (i.e. school, Department of Human Services, Juvenile Court Services, etc.) for collaboration and care coordination for providing services.

Office staff may contact you by phone or mail to schedule appointments or to follow up on your care.

**We will use your information to obtain payment:** We may use/disclose your protected health information to bill and collect payment for your services. For example, we may release portions of your information to Medicaid, a private insurance plan, a referring entity or a state office to get payment for services that were delivered to you.

**We will use your health information for agency operations:** We may use/disclose your protected information in the course of operating our agency.

Designated agency personnel may use your health information to evaluate the quality of services provided. For example, a team of Young House staff will review a sampling of case records to ensure they are complete and that the treatment plans are being followed.

We may disclose your information to our accountant for audit purposes. In most instances there will not be any names on the information shared with the accountant.

We may share information with our attorney in case a legal issue arises.

Release of your information to the county, state, and/or the Medicaid agency might be necessary to determine your eligibility for publicly funded services.

**Emergency Treatment:** We may disclose your health information if needed for emergency treatment if it is not reasonably possible to obtain your consent.

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

**For public health activities:** Health care oversight agencies may occasionally conduct audits, inspections or investigations of our facility to insure we are complying with certain laws and regulations. We are required to make your health care information available for these purposes.

**Notification:** We may disclose information to your family or other persons involved in your care with your prior consent.

**For research purposes:** We may share your information for studies and to develop reports. These reports do not identify specific people or contain any other identifying information.

**To avoid harm:** To avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement to avoid the serious threat to the health and safety of a person or the public.

**For specific government functions:** We may disclose the health information for determination of public benefits under other programs. For example, we may disclose information for the determination of Supplemental Security Income (SSI).

### **Your Rights**

**Right to see and copy your health information:** Unless your access is restricted for clear and documented treatment reasons (if it will harm you or if it will harm others), you have a right to view and copy your protected health information if you put your request in writing as per our agency policy. Only you or a designated legal representative has the right to access your records. If we deny your access, we will give you reasons for the denial in writing. If you want copies of your information, a reasonable charge for copying may be imposed in accordance to our policy. If you disagree with our decision you can file a grievance with our agency or with the Office of Civil Rights.

**Right to request restrictions on uses/disclosures:** You have the right to request that we limit how we use or disclose your information. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. We may not be able to agree to the restriction. If not, we will inform you in writing of the reason why we are denying your request.

**Right to revoke an authorization:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

**Right to choose how we contact you:** You have the right to ask that we contact you or send you information in a certain way or in a certain place. For example, you may ask us to contact you at work instead of at home. You must make this request in writing. We will agree to your request as long as it is reasonably easy for us to do so.

**Right to request corrections or updates to your information:** You may request, in writing, that we amend your health information record if you think there is a mistake. You must make the request in writing. We have the right to deny the request and if we do, we will provide you with our reason in writing.

**Right to find out what disclosures have been made:** You have a right to know of any disclosures of your information made. Your written request for this information will be responded to within 30 days of receiving it.

**Right to file a complaint:** You have the right to file a complaint if you do not agree with how we have used or disclosed information about you. If you do not know how to file a complaint you can receive assistance from our HIPAA Privacy Officer/Director of Quality Assurance at (319) 752-4000.

**Right to receive this notice:** You have a right to receive a copy of this Notice upon request.

### **Young House Family Services Notice of Privacy Practices**

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 the reception desk. The notice will also be posted on our website at [www.younghouse.org](http://www.younghouse.org).

If you have questions about this Notice or any complaints about our privacy practices, please contact Young House Family Services' HIPAA Privacy Officer/Director of Quality Assurance at (319) 752-4000. Contact the Privacy Office to look at or copy your records; to correct or change your records; to limit how information about you is used or disclosed; to review a list of disclosures of your information; or to revoke an authorization.

If you think your privacy rights have been violated, you may file a complaint with our HIPAA Privacy Officer/Director of Quality Assurance at (319) 752-4000 or with the Secretary of Health and Human Services by calling 800-368-1019 by writing to the **Office of Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Room 509 F, HHH Building, Washington, DC 20201**. We will not take retaliatory action against you if you file a complaint.

**Effective Date: This Notice was effective on April 1, 2003**  
**Revised Date: October 1, 2014**