

NOTICE OF PRIVACY PRACTICES

This Notice describes how mental health and substance use disorder (SUD) related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice is being provided to you as a requirement of two federal laws: the Health Insurance Portability and Accountability Act (HIPAA) 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. § 290dd-2, 42 CFR Part 2 (“Part 2”). Under these laws, YFA Connections may not identify that you are a client of our services to anyone outside of YFA Connections, disclose any information identifying you as a SUD client, nor disclose any other Protected Health Information (PHI) except as permitted by federal law. PHI describes any health information about you (including demographic data) that is created or received by your healthcare provider and that relates to your past, present, or future physical or mental health or condition.

This Notice describes how YFA Connections may use and disclose your PHI in accordance with the law. It also describes your rights to access and control your PHI.

This Notice takes effect April 14, 2003, and will remain in effect until we replace it; we reserve the right to change the terms of our Notice at any time. If updated, the newer Notice will be effective for all PHI that we maintain at that time. YFA Connections is required to maintain the privacy of PHI and to abide by the terms of this Notice.

You may request a copy of this, or any revised Notice, at any time by contacting YFA Connections’ Privacy Officer at (509) 532-2000 ex. 124 or info@yfaconnections.org.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

FOR SUD CLIENTS: YFA Connections must obtain your written consent before disclosing information about you for treatment, payment, or healthcare operations. For example, we must obtain your written consent before disclosing information to your health insurer to seek payment for services. However, federal law permits YFA Connections to disclose information without your written consent in the following circumstances:

- Within YFA Connections and to any controlling administrative entity in connection with duties arising out of diagnosis, treatment, or referral. For example, your counselor will consult with their clinical supervisor and other members of the YFA treatment team to ensure best care is being provided.
- To medical personnel in the event of a medical emergency. For example, to call an ambulance if you experience a heart attack, stroke, overdose, or other emergency.

- Pursuant to an agreement with a person, entity, or agency (“business associate” under HIPAA or “qualified service organization” under Part 2) that provides services to YFA Connections. Such services can include (but are not limited to): laboratory analysis, legal services, accounting, and data processing.
- For audit, evaluation, or research purposes.
- To report suspected child abuse or neglect to the appropriate authorities under Washington state law.
- To report vital statistics of deceased clients.
- To a public health authority, provided your information has been de-identified.
- To report a crime committed (or threatened to be committed) on YFA Connections’ property or against YFA Connections’ personnel.
- As authorized by valid court order.
- As required by law: We are required to make disclosures of your own PHI to you upon your request. We are also required to make disclosures to the Secretary for the Department of Health and Human Services to determine our compliance with HIPAA’s Privacy Rule.

Aside from exceptions permitted by law, YFA Connections must first obtain written consent before using or disclosing your PHI. You may revoke your consent by providing written instruction to our Privacy Officer; revocation will not affect any use or disclosure of PHI already made. If a court order mandates you to permit communication between YFA Connections and another entity, revocation may not be accommodated; if you insist, YFA Connections may refer you to another provider, as effective treatment would be compromised.

Please note: YFA reserves the right to anonymously report any threat that you make against the health or safety of a person/entity if doing so reduces the risk of serious and imminent harm; this includes reporting it to law enforcement, to the person/entity under threat, or anyone in a position to prevent or lessen the risk of serious and imminent harm.

FOR DIRECTIONS CLIENTS: It is our preference to obtain your written consent whenever possible. However, HIPAA permits the use and disclosure of PHI without client consent in the following circumstances:

- For treatment purposes: YFA Connections may use and disclose your PHI to other healthcare providers for the purposes of facilitating treatment, case

management, and care coordination. Despite this allowance under HIPAA, it is our practice to obtain written consent whenever possible.

- For payment purposes: YFA Connections may use and disclose your PHI for the purpose of obtaining payment for the treatment services rendered to you. Examples of payment-related activities include: determining insurance eligibility or coverage, processing insurance claims, ensuring medical necessity, and engaging in utilization review activities.
- For healthcare operations: YFA Connections may use and disclose your PHI to conduct certain business and operational activities. These activities may include: helping you obtain Medicaid services, quality assurance, internal training, medical review, legal services, auditing services, licensing requirements, and administrative functions.
- In judicial or administrative proceedings, such as responding to a subpoena or court order.
- For public health activities including reporting communicable disease or adverse drug reaction to the Food and Drug Administration.
- To report neglect, abuse, or domestic violence.
- To government regulators or agents to determine compliance with applicable rules and regulations.
- For research purposes in certain circumstances with approval from an institutional review board.
- When properly requested for law enforcement purposes, like identifying suspects or reporting crimes.
- If YFA Connections believes that use or disclosure will avert a serious and imminent threat of harm to self or others. In such cases, disclosure can be made to law enforcement, parents, school administrators, or anyone in a position to prevent or lessen the risk of serious and imminent harm. This includes warning the subject of a serious and imminent threat.

You may revoke any written consent that you have given by providing written instruction to our Privacy Officer; revocation will not affect any use or disclosure of PHI already made.

YOUR PRIVACY RIGHTS AND HOW TO EXERCISE THEM

FOR SUD & DIRECTIONS CLIENTS:

You have the following rights regarding the PHI that we create and maintain about you. To contact YFA Connections regarding exercising any of these rights, please contact our Privacy Officer at (509) 532-2000 ext. 124 or info@yfaconnections.org.

Right to Inspect and Copy

You can request to view and receive a copy of your PHI (electronically or on paper). We may charge a reasonable, cost-based fee for copies. The right to inspect and copy will be restricted only in situations where there is compelling evidence that access would cause serious harm to you. If you are denied access, we will provide you with the reason; you may request that the denial be reviewed by the CEO of YFA Connections. To exercise this right, please contact our Privacy Officer in writing.

Right to Amend PHI

You have the right to add corrections to your file if you believe the information to be incorrect or incomplete. We may deny your request if you ask us to amend information that: a) we did not create; b) is not part of health care information that we keep, or c) we find to be accurate and complete. If denied, you have a right to disagree with our decision in writing. If we still disagree, we may prepare a counterstatement—both your statement and ours must be kept in your file. To exercise this right, please contact our Privacy Officer in writing.

Right to an Accounting of Disclosures

You have a right to request an “accounting of disclosures.” This is a list of the disclosures that we have made of your PHI for the past six years (after the date of April 14, 2003). We will provide you with the date of the disclosure, the name of the person/entity that the disclosure was made to, a description of the information disclosed, and the reason for the disclosure. There is no charge for an annual accounting of disclosures. To exercise this right, please contact our Privacy Officer in writing.

Right to Request Restrictions

You have a right to request a restriction or limit on the PHI that we use or disclose about you for treatment, payment, or health care operations. This request must be made in writing, be approved by the treatment staff, and be kept in your file. Staff are not required to agree to your request. To exercise this right, please contact our Privacy Officer in writing. **FOR SUD CLIENTS:** Though we are not required to agree to a request for restriction, most disclosures of SUD records

require written authorization (even for purposes of treatment, payment, or healthcare operations) and, therefore, can be revoked by you.

Right to Request Confidential Communication

You have the right to request that we communicate with you about healthcare matters in a certain way and/or at a certain location (for example, you can request that YFA not send mail to your home address). To exercise this right, please contact our Privacy Officer in writing.

Right to Revoke Written Consent

You may revoke any written authorization that you provide YFA Connections. However, this does not apply to information disclosed prior to the revocation. To revoke, please contact our Privacy Officer (or any member of YFA staff) in writing.

Right to be Notified of a Breach

You have the right to be notified following a breach of your unsecured PHI.

Right to Obtain a Paper Copy of this Notice

Upon request, YFA Connections will provide a separate paper or electronic copy of this Notice, even if you have already received a copy.

HOW DO I FILE A COMPLAINT?

If you believe that your privacy has been violated or if you disagree with a decision YFA Connections has made regarding access to your PHI, you may file a complaint with YFA Connections or with the Secretary of Health and Human Services in Washington, D.C. We support your right to protect the privacy of your health care information and will not retaliate against you for filing a complaint.

- To file a complaint with YFA Connections, please contact our Privacy Officer at (509) 532-2000 ext. 124 or info@yfaconnections.org. Please include specific details to help us investigate the situation.
- To file a complaint with the Secretary of Health and Human Services, write to:

200 Independence Ave, S.E
Washington, D.C 20201

Or call: 1-877-696-6775

Violation of Part 2 by a program such as YFA Connections is a crime. Suspected violations should be reported to the appropriate authorities in accordance with federal regulations.

CONTACT PERSON

YFA Connections' contact person for all issues concerning privacy and client rights is our Privacy Officer. Our Privacy Officer can be reached by calling (509) 532-2000 ext. 124 or emailing info@yfaconnections.org.

EFFECTIVE DATE

This Notice is effective January 14th, 2025.