



Youth Services Bureau of Monroe County

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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective Date: April 14, 2003

This Notice describes how health information about you or your child may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of this health information is important to us.

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose the protected health information of the client to carry out treatment, payment and healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control this protected health information in some cases. "Protected health information" means any written and oral health information that is created or received by the health care provider, and that relates to the past, present or future physical or mental health condition of the client. In situations where Indiana law regarding the privacy of health information is more stringent than what is required by the HIPAA privacy regulation, the state law takes precedent.

I. USES AND DISCLOSURES OF HEALTH INFORMATION

Youth Services Bureau of Monroe County (YSB) may use protected health information for purposes of providing treatment, obtaining payment for treatment and conducting healthcare operations. This protected health information may be used or disclosed only for these purposes unless YSB has obtained legal guardian authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of this protected health information for the purposes described in this Privacy Notice may be made in writing, orally or by facsimile.

A. **Treatment:** YSB may use and disclose the protected health information of our clients to provide, coordinate or manage psychological and/or psychiatric treatment or services. We may disclose this protected health information to physicians, psychologists, nurses, social workers, therapists, case managers, direct care staff or other YSB personnel who are involved in taking care of our clients, including our therapists contracted through the Center for Behavioral Health, supervisors, clinical team and billing office. Different departments of YSB may also share information about the client in order to coordinate the different things the client might need. We may also disclose protected health information of the client to people outside of YSB, such as other health care providers involved in providing treatment for the client and to people who may be involved in this care, such as family members, clergy or others we use to provide services that are a part of care.

B. **Payment:** The protected health information will be used, as needed, to obtain payment for the services that YSB provides. This may include certain communications to your health insurance company to get approval for the services that have been scheduled. We may also disclose protected health information to your health insurance company to determine whether you and your dependents are eligible for benefits or whether a particular service is covered under the health plan. In order to get payment for the services that we provide to our clients, we may also need to disclose protected health information to health insurance companies to demonstrate the medical or clinical necessity of the services, or as required by your insurance company, for utilization review.

- C. **Healthcare Operations:** YSB may use and disclose client protected health information as necessary for our own operations to facilitate the function of YSB and to provide quality care to all clients. YSB operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees or practitioners in healthcare and mental healthcare learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities. We may also disclose client information to another provider or health plan for their healthcare operations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study healthcare or mental healthcare delivery without learning who the specific clients are.
- D. **Appointment Reminders:** YSB may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment.
- E. **Treatment Alternatives:** YSB may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest or value to the client.
- F. **Health-Related Benefits and Services:** YSB may use and disclose protected health information to tell our clients about health-related or mental health-related benefits or services that may be of interest or value to the client.
- G. **Fundraising Activities:** YSB may use protected health information to contact you in an effort to raise money for YSB or YSB related programs. We only would release contact information, such as your name, address and phone number and the dates you or your dependent received services at YSB. If you do not wish to be contacted, please contact our Privacy Officer using the information at the end of the Notice.
- H. **Individuals Involved in Client Care or Payment for Care:** YSB may release certain limited information about clients to a friend or family member who is involved in the healthcare of the client. This may include school staff, probation, court or Office of Family and Children staff, other healthcare or mental healthcare agency providers, physicians, or those otherwise designated on the YSB release of information form. YSB may release certain limited information about clients to other agency professionals and community members who volunteer their time to implement certain YSB programs. We may also give information to someone who helps pay for this care. We may also tell approved friends and family members about the client's condition.
- I. **Research:** Under certain circumstances, YSB may use and disclose protected health information about our clients for research purposes. For example, a research project may involve comparing the attitudes of youth on relevant issues such as violence. YSB will evaluate the proposed research project and its use of protected health information, trying to balance the research needs with the clients' need for privacy of their protected health information. We may remove information that identifies you from this set of protected health information so research may use this information to study healthcare or mental healthcare delivery without learning who the specific clients are. Protected health information available for such approved research projects will not leave YSB grounds. We may ask for your specific permission if the researcher will have access to identifying information or will be involved in care of the client in the research project.

II. USES AND DISCLOSURES REQUIRED BY LAW AND SPECIFIC SITUATIONS

Federal privacy rules allow YSB to use or disclose protected health information of the client without your permission or authorization for a number of reasons including the following:

- A. **As Required by Law:** YSB will disclose protected health information when we are required to do so by any federal, state or local law.
- B. **Public Health Risks:** YSB will disclose protected health information for public health reporting required by federal or state laws. These activities generally include the following:
- To prevent, control or report disease, injury or disability
 - To report births and deaths
 - To report child abuse or neglect
 - To report reactions to medications or problems with products.
 - To notify people of recalls of products they may be using.
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree (unless the victim is under the age of 18) or when required or authorized by law.
- C. **Health Oversight Activities:** YSB may disclose protected health information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care and child care system, government programs and compliance with civil rights laws.
- D. **Lawsuits and Disputes:** If you are involved in a lawsuit, custody suit or a dispute, we will disclose protected healthcare information of you or the client when properly ordered to do so by the court.
- E. **Law Enforcement Purposes:** YSB may disclose protected health information if asked to do so by a law enforcement official, and if permitted by law:
 - In response to a court order.
 - If required by state or federal law.
 - To identify or locate a suspect, fugitive, material witness or missing person.
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's or legal guardian's agreement.
 - About a death we believe to be the result of criminal conduct.
 - About criminal conduct at YSB or while under YSB staff supervision.
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- F. **Protective Services for the President and Others:** YSB may disclose protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- G. **Coroners, Medical Examiners, Funeral Directors and For Organ Donation:** YSB may disclose protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. If the client is an organ donor, we may disclose protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.
- H. **To Avert a Serious Threat to Health or Safety:** YSB may use and disclose your protected health information when we have a "Duty to Report" under state or federal law, because we believe that it is necessary to prevent a serious threat to a client's health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- I. **Military and Veterans:** If you are a member of the armed forces, YSB may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- J. **National Security and Intelligence Activities:** YSB may release protected health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- K. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, YSB may release protected health information to the correctional institution or law enforcement official.

III. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION WITH OPPORTUNITY TO OBJECT

YSB may disclose protected health information to family members or other appropriate adults if it is directly related to the person's involvement in providing client services. We can disclose this information in connection with trying to locate or notify family members or others involved in the client's care concerning the legal guardian or client's location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in the client's best interests for us to make the disclosure of information that is directly relevant to the person's involvement in the client's care, we may disclose the protected health information as described.

IV. USES AND DISCLOSURES WHICH YOU AUTHORIZE

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use and disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided.

V. YOUR RIGHTS

You have the following rights regarding your health information:

- A. Right to inspect and copy the protected health information. You may inspect and obtain a copy of the protected health information of you or your legal dependents that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains clinical and billing records and any other records that your providers and YSB uses for making decisions about the client's services. Please note that we may ask you to provide legal and written proof of the guardianship of a minor before we release this information.

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

We may deny your request to inspect or copy protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety, the client's life or safety or the life and safety of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. Another licensed health care professional chosen by YSB will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

To inspect and copy your clinical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Privacy Notice. If you request a copy of this information, YSB may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with this request.

Please contact our Privacy Officer if you have any questions about access to your clinical records.

- B. Right to request a restriction on uses and disclosures of protected health information. You may ask us not to use or disclose certain parts of protected health information for the purposes of treatment, payment or healthcare operations. You may also request that we not disclose protected health information to family members or friends who may be involved in the client's care or for notification purposes as described in this Privacy Notice.

YSB is not required to agree to a restriction that you may request. We will notify you if we deny your request. If we agree to the requested restriction, we may not use or disclose the protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction.

To request restrictions, you must make YSB staff aware of these restrictions at the time of initial contact. Restrictions can be requested throughout the duration of services if they are provided in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- C. Right to request confidential communications. You have the right to request that we communicate with you in certain ways. For example, you can ask that we only contact you at home or by phone. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled, how to reach you for emergency contact, or specifications of an alternative address or other method of contact. We will not require you to provide an explanation of your request. Requests must be made in writing and must specify how or where you wish to be contacted.

- D. **Right to request amendments to your protected health information.** If you believe that clinical information we have about you or the client is incorrect or incomplete, you may request an amendment of protected health information in a designated record set for as long as we maintain this information. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. In addition, we may deny your request if you ask us to amend information that:
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the clinical information kept by or for YSB.
 - Is not part of the information that you would be permitted to inspect and copy.
 - Is accurate and complete.
- E. **Right to receive an accounting of disclosures.** You have the right to request an accounting of certain disclosures of protected health information made by YSB. This applies to disclosures for purposes other than treatment, payment or healthcare/mental healthcare operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, to friends or family members involved in the client's care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. We will provide the first accounting to your request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- F. **Right to obtain a paper copy of this notice.** Upon request, we will provide a separate paper copy of this notice even if you already received a copy of the notice.

VI. OUR DUTIES

YSB is required by law to maintain the privacy of health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If YSB changes this Notice, we will provide a copy of the revised Notice upon request by sending a copy of the revised Notice via regular mail or through in-person contact. The notice will contain the effective date of the revised Notice.

VII. COMPLAINTS

You have the right to express complaints to YSB and to the Secretary of Health and Human Services if you believe that the privacy rights of you or the client have been violated. You may complain to YSB by contacting our Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of information. You will not be penalized for filing a complaint.

VIII. CONTACT PERSON

YSB's contact person for all issues regarding client privacy and the rights of the client under the federal privacy standards is the Monroe County Attorney assigned to HIPAA compliance. Information regarding matters covered by this Notice can be requested by contacting the designated County Attorney. If you feel that the privacy rights of the client have been violated by YSB you may submit a complaint to the designated County Attorney by sending it to the address indicated, or by calling the telephone number below:

Monroe County HIPAA Attorney

Address: Courthouse, Room 220
Bloomington, IN 47404

Telephone: 812-349-2525