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

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health information to a physician or other healthcare professional providing treatment to you. In most instances these disclosures require written authorization from you. One exception to the need for authorization includes communication among members of your Y.O.U. Inc. treatment team.

**Payment:** We may use and disclose your health information, with your permission, to obtain payment for services we provide to you. In circumstances where payment for specific healthcare services is not paid in full by you or are not covered by your insurance, you may be required to pay for payment you may request that disclosure of information to your health care plan be restricted.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. For example, we may share your PHI with third parties that perform various business activities provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes your PHI will be disclosed only with your authorization.

**Your Authorization:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

**To Your Family and Friends:** We must disclose your health information to you, as described in the Client Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

**Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are an inmate of a correctional institution or if you have been declared dead, we may also disclose your health information as described in other laws or your authorization.

**Marketing/Fund Raising Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** Under the law, we must consider your written request to have access to, or amend

**Questions and Complaints**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may complain to us by writing to us using the contact information listed at the end of the notice. You may also file a written complaint with the Secretary of Health and Human Services for resolution.

If you are not satisfied with our response to your complaint, you may contact the U.S. Department of Health and Human Services to file a complaint. For more information about filing a complaint please see the notice of privacy practices for more information.