

*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 paid in full by you and your health care benefits are not accessed 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 present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare.

**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 your PHI. In addition, we must make disclosures to the Secretary of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. There are additional circumstances when the law requires us to disclose information about you without your authorization.

**Abuse or Neglect:** We must disclose your health information to appropriate authorities if we reasonably believe that you or a child, handicapped or elderly person is a possible victim of abuse or neglect. We must disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. We may, in certain criminally related circumstances, disclose your health information to a law enforcement official.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. If you are an inmate of a correctional institution including the Department of Youth Services or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

**Research:** We may disclose your unidentifiable health information to researchers, provided certain established measures are taken to protect your privacy.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail/email messages, postcards, or letters) unless you request that we not do so.

*Privacy Officer:*

**Patti Ellis, LMHC**

Phone: 508-552-7560 ▶ Fax: 508-849-5617  
81 Plantation Street, Worcester, MA 01604

**youinc.org**

*Policy revised and effective 1/24/2017*

## OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on March 1, 2016 and will remain in effect until we replace it.

You may request a copy of our notice on the full HIPAA (Health Insurance Portability and Accountability Act) regulations at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of the notice.

## CLIENT RIGHTS

**Access:** You have the right to review or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your health information. (You may obtain a form to request access by using the contact information listed at the end of this notice.) We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending a letter to the address at the end of this notice. If you request copies, there will be a reasonable charge for each page and for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. (Contact us using the information listed at the end of this notice for a full explanation of our fee structure.)

### Maintenance/Destruction of Designated Record Set (DRS):

We may convert materials from the DRS to an electronic format. Records will be maintained according to state regulations.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide a satisfactory explanation of how payments will be handled under the alternative means or location you request. While we will make every reasonable effort to ensure the security of any alternative mediums you may so choose, please be aware that not all mediums have the same ability to be safeguarded for your privacy.

**Amendment:** You have the right to request that we amend our health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Breach Notification:** *If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.*

**Electronic Notice:** If you receive this notice on our Web site or by electronic mail (e-mail), you are entitled to receive this notice in written form.

## Questions and Complaints

*If you want more information about our privacy practices or have questions or concerns, please contact us.*

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 using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Changes to this Notice:** We reserve the right to revise our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. The new terms of our notice will affect all health information that we maintain, including health information we created or received before we made the revisions. Before we make a significant change in our privacy practices, we will modify this notice and make the new notice available upon request.

We will post a copy of the current **Notice of Privacy Practices** at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at [youinc.org](http://youinc.org) or by calling us at **508-849-5600** and requesting that a copy be sent to you in the mail, or by asking for one any time you are at our offices.