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## NOTICE OF PRIVACY PRACTICES

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**Effective Date:** October 14, 2019

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**Our Pledge Regarding Your Information:** JYS respects your privacy and understands that the security of your protected health information (“PHI”) is extremely important. PHI refers to records of the care and services you receive at JYS or other healthcare facilities, and may include information regarding your symptoms, test results, diagnosis, treatment, billing and payments, all of which is necessary for JYS to provide you with quality services. JYS is required to protect your PHI by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160, 162 and 164, and the Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2. We will not disclose your information to others unless you authorize us to do so, or unless we are required or authorized by law to do so without your permission.

**Overview:** This Notice of Privacy Practices will tell you about: (1) JYS’s responsibilities in using or disclosing your PHI; (2) the ways that we may use and disclose PHI about you; (3) your privacy rights; and (4) special rules for certain patients receiving substance use disorder (SUD) treatment services. The rules that apply in this Notice apply to any JYS staff or individuals authorized to access, handle, or enter information into your health record. This Notice is available online at [www.jys.org](http://www.jys.org).

<b>YOUR RIGHTS</b>
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**Get A Copy of Your Records.** You can ask to see or get a copy of your PHI, or have us send a copy of your PHI to third parties. Please contact us about how to do this. We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask Us to Correct Health Records.** You can ask us to correct your health records if you think they are incorrect or incomplete. Please contact us about how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.

**Request Confidential Communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests.

**Ask Us to Limit What We Use or Share.** You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.



**Cases Where We Never Share Your PHI.** Unless you give us written permission, we never share your PHI for marketing purposes, sale of your information, or where your PHI includes psychotherapy notes.

**Get a List of Those with Whom We've Shared Your Information.** You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared your PHI with, and why. We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a Copy of this Privacy Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly provide you with a paper copy. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

**Request Restrictions on Who We Share Information With.** You can tell us whether or not to share your PHI with friends, family, or others involved in your care or payment for care, and unless they have an independent right to access your information (for example, a parent or court-appointed legal guardian), we will honor your request. If you do not tell us your preference, however, we may share your PHI with friends or family members involved in your care or payment for care. We may also share your PHI in cases where you are unable to tell us your preference (for example, if you are unconscious), but we believe sharing it is in your best interest. We may also share your health information when needed to lessen or prevent a serious and imminent threat to health or safety.

**Choose Someone To Act For You.** If you have given someone medical power of attorney or if someone is a parent or a minor or legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

**Revoke Your Authorizations.** We will obtain your consent to disclosure of your PHI in all cases where the applicable laws do not allow us to disclose that health information without your consent. If you give us a written authorization, you may cancel your authorization at any time, except for uses or disclosures that have already been made based on your authorization. You may not, however, cancel your authorization if it was obtained as a condition for obtaining health coverage and if your cancellation will interfere with the insurer's right to contest your claims for benefits under the insurance plan or policy.

**Be Notified of a Breach.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

**File a Complaint If You Feel Your Rights Are Violated.** If you feel we have violated your rights with regard to your PHI, you can file a complaint by contacting our Chief Quality Officer by mail at 2075 Jordan Ave., Juneau, AK 99801, by phone at (907) 789-7610, or by email at [compliance@jys.org](mailto:compliance@jys.org). We will not retaliate against you for filing a complaint. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).



## OUR USES AND DISCLOSURES OF YOUR INFORMATION

***For Your Treatment.*** We can use your PHI and share it with other professionals who are treating you. For example, a health care provider at another facility who is providing you behavioral health services may ask about your recent condition or progress while at JYS.

***To Run Our Organization.*** We can use and share your PHI to run our organization, improve your care, and contact you when necessary. For example, we use your PHI to evaluate our own staff and identify ways in which we can improve services.

***To Bill for Your Services.*** We can use and share your PHI to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

## OTHER WAYS WE USE OR DISCLOSE YOUR HEALTH INFORMATION

We are allowed or required to share you PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your PHI for these purposes.

***To Help With Public Health and Safety Issues.*** We can share PHI about you for certain public health and safety purposes such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone’s health or safety.

***To Do Research.*** We may use or share your PHI for health research when certain conditions are met to ensure PHI is protected and secure and used for valid research activities.

***To Comply With the Law.*** We will share PHI about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with HIPAA.

***To Respond to Organ and Tissue Donation Requests.*** We can share PHI about you with organ procurement organizations.

***To Work with a Medical Examiner or Funeral Director.*** We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.

***To Address Workers’ Compensation and Other Government Requests.*** We can use or share PHI about you: for workers’ compensation claims; with health oversight agencies for activities authorized by law; for special government functions such as military, national security, and presidential protective services.

***For Law Enforcement Purposes.*** In certain circumstances, we can use or share PHI about you with law enforcement or for law enforcement purposes. For example, we can disclose your PHI to: report a crime that occurs on JYS premises or against JYS staff; to identify or locate a suspect, fugitive, material



witness or missing person; or for use by correctional institutions if necessary to the provision of an inmate's care.

**To Respond to Lawsuits and Legal Actions.** We can share PHI about you in response to a court or administrative order, or in response to a warrant or subpoena.

**To Respond to Emergencies of Disaster Relief.** We may disclose PHI to organizations engaged in emergency and disaster relief efforts.

**Business Associates.** We may contract with individuals or entities known as "Business Associates" to perform certain operational functions on our behalf. These Business Associates must protect any PHI they received from, or create and maintain on behalf of JYS. For example, we may hire an outside contractor to do quality assessment of the services we provide.

**To Individuals Involved with Your Care or Payment for Your Care.** We may disclose your PHI to adult members of your family or another person identified by you who is involved with your care or payment for care if: (1) you are present and agree to the disclosure, (2) we inform you we intend to do so and you do not object, or (3) you are not present or you are not capable of agreeing to the disclosure and we infer from the circumstances, based upon professional judgment, that you do not object to the disclosure. We may release claims payment information to spouses, parents, friends or guardians.

**For more information see:** <https://www.hhs.gov/hipaa/for-individuals/index.html>.

<b>SPECIAL RULES FOR SUBSTANCE USE DISORDER PATIENT RECORDS (42 C.F.R. PART 2)</b>
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If you receive substance use disorder (SUD) treatment services from JYS (including, but not limited to, alcohol or substance abuse), or JYS receives records regarding your SUD treatment services you received elsewhere, records of those services are protected by federal regulations a 42 C.F.R. Part 2, in addition to being protected by HIPAA. The Part 2 regulations provide additional privacy safeguards of your records.

For your records which are protected by Part 2, JYS must obtain your written consent before disclosing any of those records, or information contained in those records. This includes before releasing information for payment purposes, although JYS may condition treatment on receiving your consent for payment purposes.

However, Part 2 permits JYS to release covered records without your authorization in certain circumstances, including:

- To certain outside contractors called Qualified Service Organizations (similar to Business Associates) which have an agreement with JYS to provide certain healthcare operational services (for example, legal or financial services);
- For certain research, audit, or evaluation purposes;
- To report a patient crime against JYS staff or on JYS property;
- To medical personnel in a medical emergency;
- To report suspected child abuse or neglect to appropriate authorities; or



- Pursuant to a valid court order.

Violations of 42 C.F.R. Part 2 are a crime. We encourage you to report any suspected violations regarding your SUD records to our Compliance Officer. You may also report such violations to the U.S. Attorney's Office in Juneau, who can be reached by mail at 709 West 9th Street, Room 937, Juneau, AK 99802, or by phone at (907) 796-0400. We will not retaliate against you for reporting violations.



Signature Page, ***Notice of Privacy Practices***

I have received a copy of the JYS Notice of Privacy Practices.

Signatures:

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Person receiving services, print name

\_\_\_\_\_

Signature

\_\_\_\_\_

date

\_\_\_\_\_

Parent/Guardian, print name

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Signature

\_\_\_\_\_

date

Additional family members participating in family treatment:

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Print name

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Signature

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