

YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

- A. Confidential Communications. Your relatives or other custodial entities have the right to request that our Agency communicate with them about your treatment and related issues in a particular manner or at a certain location.
- B. For instance, they may request that communications be made at home or at a specific office. Our Agency will accommodate reasonable requests. You or other interested parties do not need to give a reason for your request. Your request should be submitted to the Privacy Officer.
- C. Inspection and Copies: You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including client medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our Agency may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Such review will be conducted by another licensed mental health care professional.
- D. Amendment: You may ask us to amend your information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our Agency. To request an amendment you must make it in writing to the privacy officer and you must explain your reasons for asking for the amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the Agency; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our Agency.

- D. Accounting of Disclosures: you have a right to request an "accounting of disclosure". An "accounting of disclosure is a list of disclosures for non-treatment, non-payment and non-operational purposes. We are not required to document disclosures for treatment, billing and operational purposes or for purposes authorized by you. Your request for disclosure must include a time period not to exceed six years and may not include dates before April 14, 2003. Your first list in a 12 month period is free. After that we will charge you for any other accounting of disclosures.
- E. Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. Please contact the Privacy Officer.
- F. Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with our Agency or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact our Privacy Officer. We urge you to file your complaint with us first and give us the opportunity to address your concerns. Please submit your complaint in writing.
- G. Right to Provide an Authorization for Other Uses and Disclosures: We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide us may be revoked at any time in writing

South Arkansas Youth Services

Tracy Jackson,
Privacy Officer
P.O. Box 2058
Magnolia, AR 71754
PHONE (870) 234-6550
FAX (870) 234-3822

NOTICE OF PRIVACY PRACTICES

**South Arkansas
Youth Services, Inc.**



As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF SOUTH ARKANSAS YOUTH SERVICES) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have question about this notice,
Please contact:
Tracy Jackson, Privacy Officer
(870) 234-6550

PRIVACY PRACTICES

Our Commitment to Your Privacy

Our Agency is committed to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services you receive while in our facilities. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our Agency concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We must provide you with the following important information:

- A. How we may use and disclose your IIHI
- B. Your privacy rights to your IIHI
- C. Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our Agency. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our Agency has created or maintained in the past, and for any of your records that we may create or maintain in the future. SAYS will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current notice at any time.



We may use and disclose your individually identifiable health information in the following ways:

- A. **Treatment:** Our Agency may use your IIHI to treat you. We may obtain or ask you to have physical or psychological tests, and we may use the results to obtain treatment for you or to provide you with treatment at our facility or at a site off campus from our facility. Caseworkers and Counselors who work at our facility may use or disclose your IIHI in order to treat you or assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your parents, guardians, and other family members or custodial individuals or agencies. We may also disclose your IIHI to other services providers, the Division of Youth Services, Division of Children and Family Services or the juvenile court system for purposes related to your treatment.
- B. **Payment:** Our Agency may use and disclose your IIHI in order to bill and collect payment for the services you may receive from us. For example, we may contact the Division of Youth Services or the Division of Children and Family Services to certify that you are eligible for services (and for what range of services) and we may provide the Divisions named above with details of your treatment to determine that the Divisions will cover that treatment.
- C. **Discharge Planning:** Our Agency may disclose your IIHI to the Juvenile Court System to provide information regarding your progress towards your treatment goals and information important to the courts in determining your discharge and probation or aftercare planning. Our Agency may also disclose your IIHI to the Department of Human Services for purposes of Discharge and Aftercare planning. Our Agency may also disclose your IIHI to the agencies to whom you will be discharged for purposes of Discharge and Aftercare planning. Our Agency will send all IIHI to the Division of Youth Services upon your discharge from our program if you are in the custody of the Division of Youth Services.

D. **Interstate Compact:** Our Agency may disclose your IIHI to other states and agencies under Interstate Compact for purposes of transferring you to another state.

E. **Release of Information to Family / Friends:** Our Agency may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

F. **Our Agency may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:**

- Maintaining vital records such as births and deaths
- Reporting child abuse or neglect
- Notifying a health care professional or the Department of Health regarding potential exposure to a communicable disease.

G. **Health Oversight Activities:** Our Agency may release your IIHI to oversight agencies for activities authorized by law. Such activities may include investigations, inspections, audits, licensure and disciplinary actions; civil, administrative and criminal procedures or actions or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

H. **Lawsuits and similar proceedings:** Our Agency may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.