



**Residential Youth Care, Inc.
Notice of Privacy Practices**

This notice describes how Health and other confidential information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Privacy:

We understand that information we collect about you and your health is personal. Keeping your health care information private is one of our most important responsibilities. We are committed to protecting your health care information and following all laws about its use. You have the right to discuss concerns about how your health care information is shared.

Uses and Disclosures:

We may use health and other confidential information about you for treatment (to deliver requested services), to obtain payment for these services, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with others in order to provide services to you or to develop your plan of care. Information may be shared by paper mail, electronic mail, fax, or other methods. We may disclose identifiable health or other confidential information about you without your authorization in several situations, but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health or health-related information about you.

Your Rights:

In most cases, you have the right to look at or get a copy of health records and other information about you. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of health care information.

If you think some of your health care information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your health care information from us. You may ask us for a list of where we sent your health care information.

Uses and Disclosures of Protected Health Information:

The following are examples of the types of uses and disclosures of your protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

- **Treatment:** We will use and disclosure your protected health information to provide, coordinate, or manage your health care and any related services. For example, your protected health information may be disclosed to a psychologist or psychiatrist for an assessment to determine eligibility, a direct service provider to assist in providing you with services, or the State of Alaska for eligibility or approval of your service plan.
- **Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your services. For example, obtaining prior authorization to pay for services requested may require that your relevant protected health information be disclosed to Medicaid, your Health Insurance and/or First Health to obtain prior authorization to deliver services.
- **Operations:** We may use or disclose your protected health information to provide quality care to all individuals. For example, when the state of Alaska conducts quality assurance reviews, they may need to look at what an employee has documented in your medical record.
- **Business Associates:** We will share your protected health information with third party business associates that perform various activities (e.g. billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

If Your Health Care Information Needs To Go Somewhere Else:

You may ask to have your health care information sent to others. You will be asked to sign a separate form, called an authorization to release form, permitting your health care information to go to them. The authorization to release form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent to any time by letting us know in writing.

Note: If you are younger than 18 years old, and, by law you are able to give consent for your own health care, then your health care information is kept private from others unless you sign an authorization form.

Health Care Information That Can Be Released Without Your Authorization:

We follow laws that tell us when we have to share health care information, even if you do not sign an authorization form. We always report:

- Contagious diseases, birth defects and cancer.
- Firearm injuries and other trauma events.
- Reactions to problems with medicines or defective medical equipment.
- To the police when required by law.
- When the court orders us to.
- To the government to review how our programs are working.
- To a provider or insurance company who needs to know if you are enrolled in one of our programs.
- To Workers Compensation for work related injuries.
- Birth, Death and immunization information.
- To the federal government when they are investigating something important to protect our country, the President and other government workers.
- Abuse, neglect, and domestic violence, if related to child protection or vulnerable adults.

We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.

This notice is yours to keep. If there are important changes to this notice, you will get a new one within 60 days of the changes.

If you have question or feel your privacy rights have been violated you can contact Residential Youth Care. You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights (OCR). **Your health care services will not be affected by any complaint made in regards to your rights to privacy.**

Customer Grievance and Resolution Procedure

All individuals associated with Residential Youth Care, Inc. may avail themselves of the following grievances procedure if the person feels that current actions are not effective in resolving a problem. It is the intent of this procedure that problem situations be resolved as quickly as possible.

- If a person feels that a situation has occurred or developed whereby he or she has been treated unfairly, that person is to state the problem verbally to the person or persons involved or directly responsible for the situation. If this verbalization of the problem does not result in a response, which provides a resolution satisfactory to all the persons involved, the injured person then has fourteen days to submit a complaint to the Executive Director. This written complaint must include a description of the problem, identification of the persons involved, specifics of dates and places and times, where appropriate, and must be signed and dated by the complainant. The Executive Director shall date and initial receipt of the complaint, and shall file it in an appropriate file. Executive Director and complainant shall meet and discuss the grievance. Complainant may have 3rd party present if desired. The Executive Director shall respond to the complaint, in writing, within fourteen days of its receipt. A copy of this response shall be filed with the original complaint.
- If the steps set out above, do not provide resolution of the situation, the aggrieved person shall submit a written grievance to the Board of Directors. This written grievance must provide a description of the problem must identify the persons involved with dates, times, and places, where appropriate, must identify the procedures already taken to reach a resolution, desired resolution, and must be signed and dated by the complainant.

The Board shall consider the grievance at the next regular board meeting, providing that the grievance is filed at least ten days prior to that meeting. If the grievance is filed closer in time to the next regular meeting then ten days, it shall be considered at the following regular board meeting. IF requested the complainant may request an opportunity to appear before the Board where a verbal statement may be offered, physical evidence may be offered, the complainant may present witnesses, and where the Board members may ask questions of the complainant and any witnesses thus called. If the complainant desires assistance in representing him or herself, the representative may not be the Executive Director, a staff member, or a member of the Board of Directors. The Board may, if necessary to its decision, require other persons to appear before it for questioning, and may also require additional physical evidence prior to making a decision. The Board shall also provide opportunity to other persons identified by the complainant as having been involved in the problem to appear before the Board where these persons may make statements, present physical evidence or witnesses, and where the Board members may ask questions of them or of their witnesses.

Once the Board has heard the information it feels necessary to make a decision, it shall make a decision resolving the grievance. The decision shall be made in executive session. This decision shall be reduced to writing, and the Board shall provide the complainant the written decision within fourteen days of the decision.