



notice of privacy practices

a. summary

Effective May 1, 2024, this Notice of Privacy Practices (“Notice”) explains how your personal information may be used and disclosed, and how you can get access to this information. Please read it carefully.

Information about your past, present, or future health or condition, the provision of health care or other related services to you, payment for such services rendered, or any information that does or could be used to identify you in relation to any aspect of your health, is considered “Protected Health Information” (“PHI”) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and federal regulations issued thereunder (collectively, the “Privacy Rule”). Included in your PHI, for example, are your treatment or service records, your legal name (how your name appears on official documents), your preferred name (how you like to be called), your address, and your insurance or other health benefit information. The laws of Washington State (“State”) further protect the privacy of your PHI and other personal information about you. This Notice describes personal information, potential uses and disclosures of your personal information, and your rights with respect to your personal information. “Personal information,” as used in this Notice, refers to your PHI and other personally identifiable information; it may not completely describe the type of information about you which Friends of Youth may use and disclose.

This Notice supersedes all prior like notices and applies to service providers affiliated with Friends of Youth, whether offering services as an employee or independently contracted service provider. **You should read this Notice before signing the attached Acknowledgement of Receipt of Notice of Privacy Practices.**

b. why, what, and how we collect and share

We collect your personal information to provide services, process payment where applicable, manage operations, and improve service quality at Friends of Youth. We will never market or sell your personal information. Information we collect may include, without limitation, your:

- Individual health conditions, treatments, diseases, testing, or diagnoses;
- Social, psychological, behavioral, and medical interventions and procedures;
- Use or purchase of medications or other substances, legal or otherwise; and
- Other personal history, including living situation, demographic information, and family history as it may relate to your care.

We collect your personal information through verbal interviews with you, through your written disclosures, and through authorized disclosures of your information by third parties, such as of your medical records. We may collect other information, as may be appropriate and necessary for the services you receive from Friends of Youth.

We may share your personal information as authorized by applicable law to parties including, depending on the services you receive and without limitation, the King County Regional Homelessness Authority; the King County Department of Community and Human Services; the Department of Public Health – Seattle & King County; the King



County Behavioral Health and Recovery Division; the State Department of Commerce; the State Department of Children, Youth and Families; the Federal Administration for Children and Families and its Office of Refugee Resettlement; your insurance providers; and other public and private funders or organizations involved in your care. Your information will be de-identified whenever possible and we will only share the specific information necessary to comply with our legal and contractual obligations. You may ask your service provider for more information on specific entities with which we may share your information.

Disclosures of any information concerning substance use or treatment services, reproductive or sexual health history, or psychotherapy notes generally require specific authorizations by you. **Without your specific consent, we will not share any information regarding substance use or treatment services or your reproductive or sexual health history with any law enforcement agencies or immigration authorities, or any out-of-State parties, unless we are legally compelled to do so.**

c. our duty to safeguard your personal information

Under the Privacy Rule and State law, Friends of Youth is required to extend certain protections to your personal information, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your personal information. We are required by these laws to maintain the privacy and security of your PHI and to follow the duties and privacy practices laid out in this Notice, although **we reserve the right to change our privacy practices and the terms of this Notice at any time**, and the changes will apply to all personal information we have about you. If we do so, we will post a new notice at Friends of Youth locations and on our website. You may request a copy of any new notice by contacting Friends of Youth at 13116 NE 132nd St, Kirkland, WA 98034 or by calling the main office at 425.869.6490.

Except in specific circumstances, we must use or disclose only the minimum personal information necessary to accomplish the purpose of the use or disclosure. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We will notify you promptly if a breach occurs that may have compromised the privacy or security of your personal information.

d. how we may use and disclose your personal information

We use and disclose personal information for a variety of reasons. For some uses and disclosures, we must have your written authorization; for others, no authorization is required. For certain personal information, you can tell us your choices about what we share. The Privacy Rule and State law provide that we are permitted to make some uses or disclosures without your written authorization. The following offers more description and examples of our potential uses or disclosures of your personal information.

Uses and Disclosures Not Requiring Authorization

- 1. For treatment:** We may use or disclose your personal information to Friends of Youth employees, volunteers, and other internal and external personnel who are involved in providing your treatment. We



may also disclose your personal information to other affiliated facilities and treatment providers to ensure the appropriate provision of additional or modified services to you. We may make your PHI available electronically through an information exchange service to other health care providers, health plans, and health care clearinghouses that request your information for treatment or payment for that treatment. Participation in health information exchange services also provides that we may see information about you from other participants. We may use your personal information to contact you, when necessary, though you may choose how you want us to contact you.

2. **To obtain payment:** We may use or disclose your personal information to bill and collect payment for your treatment, if payment is required. For example, we may release portions of your personal information to Medicaid, a private insurance plan, or a State office to get paid for treatment that we deliver to you.
3. **For health care operations:** We may use or disclose your personal information in the course of operating Friends of Youth. For example, we may use your personal information in evaluating the delivery and quality of treatment provided, or we may disclose your personal information to an accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your personal information to designated employees in other offices for administrative or similar operational purposes. Release of your personal information to the county, State, and/or the Medicaid agency might also be necessary to determine your eligibility for publicly funded services.
4. **When required by law or for judicial or administrative proceedings:** We may disclose personal information to comply with State or Federal law, such as when a law requires that we report information about suspected abuse, neglect, domestic violence, or certain other criminal activities; for certain law enforcement purposes; or in response to a court order, subpoena, discovery request, or other lawful process, including workers' compensation programs.
5. **For health oversight activities:** We may disclose personal information to an accrediting organization, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents. We may also disclose personal information to authorities who monitor compliance with the privacy practices described in this Notice.
6. **For public health activities:** We may disclose personal information when we are required to collect information about a disease or injury or to report vital statistics to a public health authority.
7. **To avert a threat to health or safety:** We may disclose personal information as necessary to law enforcement or other persons who can reasonably prevent or lessen a serious threat of harm or other danger to anyone's health or safety.
8. **Related to decedents:** We may disclose personal information relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
9. **For health research:** We may disclose de-identified personal information for research purposes.
10. **For specific government functions:** We may disclose personal information to government programs relating to eligibility and enrollment, of military personnel and veterans in certain situations, to correctional facilities in certain situations, and for national security or other similar reasons, such as protection of the President. Your immigration or citizenship status is not considered relevant to national security.



11. To the Department of Corrections: We may disclose personal information to a correctional institution or parole/probation officer if you are an inmate of a correctional institution or under the custody of a State Department of Corrections parole/probation officer.

Uses and Disclosures Requiring Authorization

For uses and disclosures beyond the purposes described above, we are required to have your written authorization. Should an authorization be required, you or your authorized representative will be asked to sign the Friends of Youth standard authorization form. Once signed, authorizations can be revoked in writing at any time to stop future uses or disclosures, except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Requiring That You Have an Opportunity to Object

Except as provided otherwise under this Notice, we may use or disclose your personal information if we inform you about the disclosure in advance and you do not object. However, if in an emergency you cannot be given the opportunity to object, such as if you are unconscious, then disclosure may be made if it is consistent with any prior expressed wishes and is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so. We may use or disclose your personal information:

- 1. To family, friends, or others involved in your care:** We may share with family, friends, or others involved in your care information directly related to your family's, friend's or other person's involvement in your care, or payment for your care. We may also share personal information with these people to notify them about your location, general condition, or death, unless you tell us not to do so and such a restriction is lawful.
- 2. For fundraising from you:** We may contact you for fundraising efforts in the future, but you can tell us not to contact you again.
- 3. For disaster relief efforts:** We may share personal information about you to assist in disaster relief efforts, unless you tell us not to do so.

e. your rights regarding your personal information

You have the following rights relating to your personal information:

- 1. To request restrictions on uses or disclosures:** You have the right to ask that we limit how we use or disclose your personal information. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your personal information, we will put the agreement in writing and abide by it except as may be allowed in emergency situations. We cannot agree to limit uses or disclosures that are required by law. 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.

2. **To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so. To request such a change, please contact the Friends of Youth main office at 425.869.6490.
3. **To inspect and copy your personal information:** Unless your access is restricted for clear and documented service or treatment reasons or otherwise under applicable laws and regulations, you have a right to see your personal information if you put your request in writing. We will respond to your request within 15 business days. If we deny your access, we will give written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your personal information, a reasonable charge for copying may be imposed, but may be waived, at our discretion, depending on the circumstances of your request. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
4. **To request amendment of your personal information:** If you believe that there is a mistake or missing information in our record of your personal information, you may request, in writing, that we correct or add to the record. We will respond within 30 days of receiving your request. We may deny the request if we determine that the personal information is (i) correct and complete, (ii) not created by us and/or not part of our records, or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your personal information. If we approve the request for amendment, we will change the relevant personal information, inform you, and tell others who need and are authorized to know about the change in your personal information.
5. **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your personal information has been released, excluding instances of disclosure for which you gave consent (e.g., for services or treatment, payment, or operations; if incident to a use or disclosure otherwise permitted or required; for disclosures to you or, if authorized, to your family or others; or for limited de-identified data we disclose). The list also will not include any disclosures made for national security purposes, to law enforcement officials, or to correctional facilities if an accounting of disclosures is not permitted by law. We will respond to your written request for such a list within 60 days of receiving it. Your request must state a time period for the disclosures you want us to include. Your request can relate to disclosures going as far back as six years from the date of the request. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
6. **To receive this Notice:** You have a right to receive a paper copy of this Notice. To request a paper copy, please contact the Friends of Youth main office at 425.869.6490.
7. **To choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your personal information. We will make sure the person has this authority and can act for you before we take any action.
8. **To file a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights. Complaint processes are described in the next Section.



Unless noted otherwise above, requests to exercise your rights should be made in writing. Ask your service provider for the appropriate email address or write to Friends of Youth at 13116 NE 132nd St, Kirkland, WA 98034.

f. how to make a complaint regarding a violation of our privacy practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your personal information, you may file a complaint with the Friends of Youth Privacy Officer (“Privacy Officer”) identified in the next Section. The Privacy Officer will request you complete a grievance form and will investigate your complaint and respond appropriately and in due course. You also may file a written complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html> and following the steps therein described. We will take no retaliatory action against you if you make any such complaints.

g. for more information

If you have questions about this Notice or complaints about our privacy practices, please contact your service provider or the Privacy Officer. The Privacy Officer is Friends of Youth’s **Chief Risk and Compliance Officer** and can be reached by calling 425.869.6490 ext. 325 or by email at terri@friendsofyouth.org.