



## DIVISION OF YOUTH SERVICES

# NOTICE OF PRIVACY PRACTICES

*This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

As a client of the Salt Lake County Division of Youth Services (DYS), you are entitled to receive notice about our privacy practices. It is important for you to understand that your case file contains personal health information (PHI) that is protected by federal law and may also be protected by state laws. Your case file holds the information that we use to plan your care, provide treatment and receive payment for our services. This notice and how we may use and disclose your personal health information describes the choices and rights you have about how your PHI may be used and disclosed, and it outlines our obligations to protect the privacy of your PHI.

### **Our Responsibilities**

When you receive services from DYS we record your visit and note what services were provided as well as progress documentation. The DYS is required to maintain the privacy of your personal health information. We are also required to accommodate reasonable requests that you make to communicate personal health information by alternative means or at alternative locations or addresses and phone numbers. In addition, we are required to provide you with a notice of our legal duties and privacy practices. Any time we use or disclose your personal health information, we must follow the terms of this notice. In addition, we may, unless you tell us not to, provide phone calls about appointments, referrals, needed follow-up care, or other matters as part of our services delivery.

### **How We Use and Disclose Your Protected Health Information**

#### **A. Uses and Disclosures for Treatment, Payment and Health Care Operations.**

After providing you with this Notice, we may use your PHI to provide you treatment or obtain treatment, to obtain payment for your treatment and for our internal health care operations. We may use and disclose PHI for such purposes in the following ways:

1. For Treatment: To plan, provide and coordinate your health care services.
2. For Payment: To obtain payment for health care services we have provided.
3. For Health Care Operations: For administrative tasks or as part of operational procedures.

#### **B. Uses and Disclosures With Authorization.**

For uses and disclosures of your PHI not involving treatment, payment or health care operations, we will receive your written authorization prior to using or disclosing any PHI (unless we are required or permitted by law to use or disclose your information as set for below). You have the right to revoke any authorization previously granted. If you have any questions about written authorizations, please contact our Privacy Officer who will provide you with the information you need to revoke your authorization.

#### **C. Uses and Disclosures Without Authorization.**

We may use and disclose your PHI without obtaining your consent or authorization, in the following situations:

1. **Notification of Legal Guardian and Family.** When a minor, we may use or disclose your PHI to notify a legal guardian, family member, or personal representative responsible for your care, provided you have the opportunity to agree or object. If you are unable or unwilling to agree, we may disclose this information as necessary if we determine that it is in your best interest based upon our professional judgment. In all cases, we will only disclose health information that is directly relevant to that person's involvement with your health care.

2. Required by Law. We may use or disclose your PHI to the extent that we are required by law to do so. The use or disclosure will be made in full compliance with the applicable law governing the disclosure.
3. Public Health Activities. We may disclose your PHI for public health activities to a public health authority authorized by law to collect or receive information for the purpose of controlling disease, injury or disability. We may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect.
4. Health Oversight Activities. We may make disclosures of your PHI to a health oversight agency charged with overseeing the health care industry. Disclosures will be made only for activities authorized by law.
5. Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative hearing in response to an order of a court or in response to a subpoena, discovery request or other lawful process where we receive satisfactory assurance that appropriate precautions have been taken, or that you have been notified. In all cases, we will take reasonable steps to protect the confidentiality of your health information.
6. Law Enforcement. We may disclose your PHI for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.
7. Research. We may use or disclose your PHI without your authorization for research purposes when an institutional review board has approved such research or a privacy board that has reviewed the research to ensure the privacy of your personal health information, or as otherwise allowed by law.
8. Victims of Abuse, Neglect or Domestic Violence. We may disclose PHI about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child abuse, neglect or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of the law.
9. Limited Government Functions. We may disclose your PHI to certain government agencies charged with special government functions, as limited by applicable law. For example, we may disclose your health information to authorized federal officials for the conduct of national security activities as required by law.
10. Coroners, Medical Examiners. We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death or for other duties as authorized by law.
11. Health and Safety. We may disclose your PHI to prevent or lessen a serious and immediate threat to a person's or the public's health and safety. In all cases, disclosures will only be made in accordance with applicable law and standards of ethical conduct.

**Your Rights.** You have the right to do the following:

A. Right to Receive a Copy of this Notice.

Upon request, you have the right to receive a paper copy of this Notice.

B. Right to Receive Further Information.

You have the right to contact our Privacy Officer by mail at 177 W Price Avenue, Salt Lake City, UT 84115, by telephone at 269-7558, or by email at:

[slcdysprivoff@co.slc.ut.us](mailto:slcdysprivoff@co.slc.ut.us)

C. Right to Inspect Your Health Information.

Upon written request, you have the right to access and obtain a copy of your health information maintained by us. Please contact the Division Privacy Officer to make this request.

D. Right to Amend Your Health Information.

You have the right to request in writing that we amend health information maintained in your case file. We will not comply with your request in the event that we determine the information that would be amended is false, inaccurate or misleading, or if we cannot verify its accuracy. Please contact the Division Privacy Officer if you wish to request an amendment of your personal health information.

E. Right to Request Additional Restrictions on Uses and Disclosures of Your PHI.

You have the right to request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request, and will notify you in writing of our decision. Please contact the Division Privacy Officer for information to request additional restrictions on how we may use and disclose your personal health information.

F. Right to Request an Accounting of Disclosures.

You have a right to request in writing an accounting of certain disclosures made by use of your personal health information. For each disclosure, the accounting will include the date the information was disclosed, to whom, the address of the person or entity that received the disclosure (if known), and a brief statement of the reason for the disclosure. Please contact our Division Privacy Officer if you wish to request an accounting of disclosures.

G. Right to Request Confidentiality in Certain Communications.

You have the right to request to receive your health information by alternative means of communication or at alternative locations. We will accommodate your reasonable written request. Please contact our Division Privacy Officer for information you wish to request confidentiality in certain communications.

H. Right to File a Complaint.

If you disagree about a decision we made about your personal health information or if you believe that your privacy rights have been violated, please contact our Privacy Officer. Upon request the Privacy Officer will provide you with the information and the appropriate form you will need to file a complaint. This complaint must be filed with the Privacy Officer within 90 days of the alleged incident. All complaints will be investigated, and the complainant will be notified of the outcome. If you believe your privacy rights have been violated, in addition to filing a complaint with us, you also have the right to file a written complaint with Terry Ellis, County HIPAA Compliance Officer, Salt Lake County Records Management & Archives, 2001 S. State Street N4100, Salt Lake City, UT 84190, ph: 801-468-2332. fac 901-468-3712. [tellis@co.slc.ut.us](mailto:tellis@co.slc.ut.us) or the Office for Civil Rights, Velveta Howell, Regional Manager, 1961 Stout Street, Rm 1185, Denver, CO 820294-3538, ph: 303-84402024, fax 303-844-2025, [Velveta.Howell@hhs.gov](mailto:Velveta.Howell@hhs.gov).

**Changes to Notice.**

We reserve the right to change our privacy practices and to alter this Notice according to those changes. In the event that our Notice changes, if you have so requested, we will mail you a copy of our revised notice to the address you have supplied us. An updated notice can also be found on our web site @ [www.slcoyouth.org](http://www.slcoyouth.org).

To contact our Privacy Officer, please address all requests to:

Privacy Officer  
Salt Lake County Division of Youth Services  
177 W Price Avenue  
Salt Lake City, UT 84115  
Telephone: 801-269-7558  
E-mail: [slcdysprivoff@co.slc.ut.us](mailto:slcdysprivoff@co.slc.ut.us)

Effective date of this Notice: April 14, 2003