

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed (shared) and how you may obtain access to that information. Please review it carefully and feel free to ask any questions that you may have.

Your medical information is personal and private. Western Youth Services (WYS) is committed to protecting your medical information. WYS is required by law to ensure that medical information is kept private.

The Health Information Portability and Accountability Act (HIPAA) Privacy Rule requires that individuals be informed of the privacy practices of their health care providers, and of their privacy rights with respect to their personal health (medical) information. This document describes the ways in which we may use and disclose your medical information. The information contained in this notice was revised in October 2025, and is effective until further notice.

WYS must follow both federal and state law when using and disclosing your medical information. In cases where both federal and state law gives similar protection, WYS generally follows the law that gives greater protection to your rights, or privacy of medical information. In many cases, the law giving you greater protection requires that WYS will not use or disclose the medical information without your signed written consent.

Record Retention:

WYS is required by law to protect the privacy of your records, and will maintain them for the following periods of time.

- **Adults (age 18 and over)** – records are maintained for ten (10) years from the last date of service.
- **Minors (up to the age of 18)** – records are maintained for ten (10) years from the last date of service, or seven (7) years from the date you reach 18 years of age, whichever is longer.

Use or Disclosure of Your Medical Information:

- **Treatment** – Information obtained by WYS treatment providers will be recorded in your medical record and may be used by other relevant providers within WYS. Because many programs within WYS are contracted through the Orange County Health Care Agency (HCA), the Social Services Agency, and schools and school districts, **free exchange of information exists between WYS and the corresponding Agencies when communication is deemed necessary as part of the coordination of relevant and required services.**
- **Within WYS-** Your medical record may be accessed by Western Youth Services' staff as part of providing services to you and your family. Western Youth Services' staffs adhere to state and federal laws regarding the privacy and protection of health information. Western Youth Services supervisory and quality assurance staff may access medical records periodically to assure quality clinical care is provided to you at the highest clinical standards. This means that WYS clinicians may consult with each other periodically for coordination of care for the purposes of sharing best practices. Your PHI may be discussed on a need to know basis with those who can assist with ensuring the quality of your treatment.
- **Payment** – WYS may use/disclose your medical information to obtain payment, process claims, or to be reimbursed for the services provided to you.
- **Required by Law** – WYS will disclose medical information about you when required to do so by state, federal, and local law.

- **Health Care Operations** - We may use and disclose your protected health information to support the business activities of WYS. We may use your protected health information to review and evaluate our treatment and services or to improve the care and services we offer. Additionally, WYS contracts services with outside providers called “business associates” in order to perform certain functions or activities on our behalf such as payment, health care operations, and/or behavioral health services. Our business associates follow the same safeguards with your protected health information.
- **To Avert a Serious Threat to Health or Safety** – WYS may disclose medical information to prevent or lessen a serious or immediate threat to your health and safety or the health and safety of the public. Disclosure would only be to someone able to help prevent the threat.
- **Victims of Abuse, Neglect, or Domestic Violence** – WYS must disclose medical information to notify the appropriate government authority if WYS has reason to believe an individual has been the victim of abuse, neglect, or domestic violence, or when it is necessary to protect someone from serious harm.
- **Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, WYS may disclose your medical information in response to a court order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful processes, but only if legally required efforts have been made to inform you and obtain your authorization.
- **Law Enforcement** – WYS may disclose or release medical information if asked to do so by law enforcement or authorized officials in situations such as:
 - In response to a court order, warrant, or similar legal procedure
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - To report a death we believe may be the result of criminal conduct or to report certain types of wounds or injuries
 - To report criminal conduct at one of our locations
- **Research** – We may use and disclose your protected health information for research, if approved by an Institutional Review Board (IRB). An IRB is a committee responsible for reviewing the research proposal and establishing plans that protect your safety and the privacy of your protected health information.
- **To the Federal Government** – The Department of Health and Human Services may request your medical information if it is necessary to determine that WYS is complying with federal privacy requirements.
- **Military and Veteran** – WYS may release medical information about armed forces personnel under specific military command guidelines.
- **National Security and Intelligence Activities** – WYS may disclose medical information to authorized federal officials for intelligence, counterintelligence, and similar activities authorized by federal law or to make decisions regarding your medical suitability for a security clearance or service abroad. For example: the protection of the President or foreign heads of state and other officials, and for investigating threats to such persons.
- **Government Programs Providing Public Benefits** – WYS may use or disclose medical information to determine eligibility for or enrollment in a government funded health plan, such as Medicare, Medicaid, or Supplemental Security Income. WYS may share your medical information with other governmental programs that perform case management, coordination of care, or assessment activities. We may also notify you during your course of treatment of possible treatment options or health-related benefits or services.
- **Workers’ Compensation or Similar Programs** – WYS will disclose medical information as needed and authorized by law relating to workers’ compensation programs.

- **Individuals Involved in Your Care or Payment for Your Care** – WYS may release medical information about you to a friend or family member who is involved in your medical care, based upon your implied consent (for example, if you bring a friend into your session with you), its exercise of professional judgment, and in compliance with the law. You may inform us verbally or in writing if you object to disclosures to your family and friends. WYS may also give information to someone who pays for your care as needed in order to obtain payment.
- **Disaster Relief** - We may disclose medical information about you to an entity assisting in a disaster relief effort for your medical care and so that your family can be notified about your condition, status, and location.
- **Appointment Reminders** – WYS may use or disclose your medical information in an effort to remind you that you have an appointment for treatment.
- **Parents and Guardians** – here are some situations permitted and sometimes required by law that we will keep your minor child's health information confidential. For example: when a minor has adult rights to make their own health care decisions.
- **Electronic Health Record** – WYS utilizes an electronic medical record to store your health information. When we enter your information into the electronic medical record it may be obtained by WYS staff as part of providing services to you and your family.
- **Health Information Exchange** – WYS may share your health information electronically with other healthcare providers outside of our facility who are involved in your care. We may participate in a Health Information Exchange (HIE) for treatment purposes. Unless you notify us otherwise that you object, we will share your health information electronically with your participating health care providers as necessary for treatment. Patient health information that, currently by law, requires a signed authorization for release will not be transmitted to the HIE without your consent.

Your Written Authorization Is Required:

If you or WYS wants to use or disclose your medical information for any reason other than those listed above, we must get your written authorization. If you give us your authorization, you may choose to take it back or revoke it, in writing, and we will stop using or disclosing your medical information indicated in the authorization. However, please understand that we are unable to take back any disclosure we may have already made based on the authorization, and that we are required to retain our records of the care that was provided to you.

Uses and Disclosures of HIV/AIDS Information:

We may disclose any protected health information related to HIV/AIDS as authorized by law for public health purposes, or to other public health agencies or corroborating medical researchers when the information is necessary to carry out their duties in investigation, control, or surveillance of disease.

Uses and Disclosures of Your Substance and Alcohol Abuse Information:

Your alcohol and drug abuse records are protected by Federal law and the Department of Health and Human Services regulations at 42 CFR Part 2. Generally, we are not allowed to disclose to an outside person your participation in the program or identify you as an alcohol or drug abuser unless: (1) You consent in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation (3) The disclosure is made for certain audit or program evaluation purposes. Upon receiving written consent from you, a single consent may be used for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

Your Medical Information Rights:

- **Right to Inspect and Copy (Right to Review)** - You have the right to inspect and obtain a copy of your medical information. You have the right to access your records in any format that WYS maintains them in and you may direct them to be sent to a third party. Requests must be submitted in writing and utilizing HIPAA compliant forms. All requests for records are handled according to WYS policies and procedures and comply with State and Federal laws. WYS may also require that you first inspect your records in the company of your therapist or qualified staff so that we may clarify and answer questions about the records prior to giving you a copy. In some instances, in a manner that is consistent with California law, we may provide a summary of your records to you instead of a copy, or we may remove some information that may be harmful to you or your minor child. In some cases, your right to inspect or copy your records may be denied. You may request a copy of this denial. Please contact our Privacy Officer for a full explanation of your rights to appeal the denial. WYS may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- **Right to Amend** - You may make a written request for an amendment to your medical information. You must state a reason to support the requested amendment. WYS will notify you in writing whether we agree to grant or deny your request. Your request may be denied if:
 - It is not in writing
 - It does not include a reason to support the request
 - If you ask us to amend information that was not created by WYS
 - Is not part of the medical information kept by or for WYS
 - Is not part of the information which you would be permitted to inspect and copy
 - Is accurate and complete.
- **Right to Request Restrictions** - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, such as a family member or friend. In some cases you may have the right to restrict disclosures to a Health Plan or its business associate if you or someone on your behalf pays out of pocket in full for the health care item or service unless we are required by law to disclose the protected health information. WYS requires that payment be made in full at the time of the request for restriction. If payment is not made, the restriction will be void and disclosure of protected health information will be made to your Health Plan for payment. WYS may ask that you make your request in writing. WYS is not required to agree to your request. For example, if your permission to use or disclose your medical information is not required in the first place, WYS cannot agree to restrict that use or disclosure.
- **Right to Request Confidential Communications** - You have the right to make a written request to receive your medical information in a certain format or at a certain location or address. For example, you can ask that we only contact you at work or by mail. WYS will accommodate all reasonable written requests. Your request must specify how or where you wish to be contacted.
- **Right to Revoke Authorization** - You have the right to revoke your authorization in writing for the use or disclosure of your health information, except to the extent that action has already been taken. Please understand that we are unable to take back any disclosure we may have already made based on the authorization at that time, and that we are required to retain our records of the care provided to you.

- **Right to an Accounting of Disclosures** - You have the right to an accounting of disclosures of health information maintained by WYS as permitted by the HIPAA privacy rule. Some disclosures may not be reported to the consumer if the disclosure is older than six (6) years and/or disclosures as required by law. The list will not include disclosures: (1) Based on your written authorization; (2) To treat you or to receive payment or your treatment; (3) For certain health care operations (billing, consulting, etc.); (4) To family members or friends involved in your medical treatment or care; (5) To jails, prisons, or law enforcement; or, (6) For reasons required or permitted by federal law.
- **Right to a Paper Copy of This Notice** - You have the right to request a paper copy of this notice at any time. WYS reserves the right to change the terms of this notice if we change our privacy practices, and to make the new notice provisions effective for all protected health information we maintain. WYS will provide you with a revised NPP at your next visit, or at any time on or after its effective date, if you request a copy
- **Breach Notification** - In the event of a possible breach of your unsecured protected health information a risk assessment will be completed. WYS will notify you of the circumstance if a breach occurred and discuss what we are doing and what you can do to protect your information.

Notice of Nondiscrimination:

Western Youth Services does not discriminate based on age, sex, race, color, national origin, or disability. Let our staff know if you need assistance with services. If you believe that you have been discriminated against, or wish to file a grievance related to any of these services or policies, you can file a grievance in person or by mail, fax, or email at the contact information listed below.

Western Youth Services - Attn: Civil Rights Coordinator
23461 South Pointe, Ste 220
Laguna Hills, CA 92653
P. 949-855-1556
F. 949-951-2871

Privacy Questions or Complaints:

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about access to your health information, or in response to a request that you made to amend your health records or to restrict the use or disclosure of your health information, you are encouraged to contact our Privacy Officer.

You may write to:

**Western Youth Services - Attention: Privacy Officer,
23461 South Pointe, Suite 220 Laguna Hills, CA 92653
or call us at (949) 855-1556**

You also have the right to make a privacy complaint to the Secretary of the U.S. Department of Health and Human Services. You may write to: DHHS, Region IX Office of Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94102, or call (800) 368-1019, TDD (800) 537-7697. The complaint must be filed in writing, and sent by mail, fax, or electronically by e-mail within 180 days of when you found out the violation occurred.

We support your right to the privacy of your health information and will not retaliate in any way if you disagree with us, or if you choose to complain to our organization, to the U.S. Department of Health and Human Services, or to any other governmental or regulatory agency.