

Daybreak Youth Services 11910 NE 154th Street Brush Prairie, WA 98660 360-750-9958 www.daybreakyouthservices.org



## Your Information. Your Rights. Our Responsibility.

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.** 

#### **Your Information**

At Daybreak, we are committed to protecting your privacy. As a client at Daybreak, your right to privacy is guaranteed by two federal laws. 45 CFR Part 160 (commonly referred to as "HIPAA") protects your personal protected healthcare information (PHI) and 42 CFR Part 2, Confidentiality of Substance Use Disorder Information, protects your treatment information for substance use disorder (your treatment information).

Since 42 CFR Part 2 provides the greatest degree of privacy protection standards, Daybreak applies the stricter standard for purposes of use and disclosure of your information. Collectively, information about you is referred to as "Your Information" throughout this document.

### **Your Rights**

When it comes to your treatment information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Control the use and disclosure of your information:

 You have the right to request a restriction or limitation to the treatment or payment information we use or disclose about you. You also have the right to request a limit on the information we disclose to someone, such as a family member or friend, who is involved in your treatment or in the payment of your treatment.

### **Your Rights Continued**

## Right to Inspect and Copy

- You have the right to inspect and obtain a copy of your medical record and other information we have about you. If a request for copied information is made, Daybreak may charge a fee for the cost of copying, mailing, or other supplies associated with the request.
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#### **Right to Amend**

• You have the right to ask us to amend your medical record. If there is information about you that is incorrect or incomplete, you may make a request to amend this information. To request an amendment, you must submit a written request and provide a reason that supports the request.

#### Right to an Accounting of Disclosures

 You have the right to request an Accounting of Disclosures, which is a record of the disclosures we have made of your health and treatment information.

#### Right to Request Confidential Communications

- You have the right to request that we communicate with families/guardians about treatment in a certain manner or at a certain location. For example, you may request that we contact families only at home or by mail.
- Daybreak will accommodate all reasonable requests.

#### **Our Responsibilities**

This section refers to how we may use or disclose Your Information.

Upon entering treatment at Daybreak, we will ask clients and/or their parents or guardians to sign authorizations for the release or sharing of Your Information. We will not release Your Information without your written permission, except for situations and conditions required or allowed by law.

#### **Our Responsibilities Continued**

#### **Treatment**

- Upon admission to treatment, Daybreak will obtain all necessary PHI and will require the completion of a physical examination and/or medical screen. PHI may be shared, as allowed by law, to obtain necessary medical attention and prescription medications.
- Daybreak may also share Your Information with family members, insurance companies, and other agencies for which we have a signed release of information.

#### Payment

 Your Information may be used to obtain payment for your adolescent's treatment services. We may contact insurance providers to verify eligibility for benefits, provide details of treatment and diagnosis for authorization of benefits, and disclose treatment information to family members, or guardians, who are responsible for payment of our services. In those cases, we will request a signed release, when required.

#### Health Care Operations

- Daybreak may share Your Information within our own operations for the purpose of diagnosis and treatment, billing and payment, record keeping, and evaluation.
- Daybreak may also disclose treatment information to those health care providers for which we have a signed release.

#### Qualified Service Organization Agreements (QSOA)

- Daybreak is authorized to provide Your Information to agencies that
  provide services, such as data processing and laboratory analysis testing.
  Such parties will enter into a signed written agreement with Daybreak,
  which will disclose the purpose and use of the information we provided,
  and which will require them to keep the information secure and
  confidential.
- A valid QSOA allows for the release of PHI without an individual written release from the client.

## Research or Evaluation

Daybreak may share Your Information to qualifying outside parties
who provide research or evaluation services. Such parties will enter
into a signed written agreement with Daybreak, which will disclose the
purpose and use of the information provided, and which will require
them to keep the information secure and confidential. Information
shared for research purposes will not include your identifying
information.

#### **Our Responsibilities Continued**

## Security and Protection

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of Your Information.
- We must follow the duties and privacy practices described in this notice and make a copy of it available to you.

## Make information available to you

- 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. Let us know in writing if you change your mind.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our website or in our office.

## Other Permitted or Required Uses and Disclosures of Health and Treatment Information

There are some exceptions to confidentiality in treatment.

The legal system acknowledges that there are times when adolescents, their families, the community, or all may benefit from the release of information without your written consent. Consequently, there are certain situations when Daybreak is allowed or required by law to disclose Your Information without written permission. In these instances, we will limit the information released to the minimum extent necessary.

# Federal Law 42 CFR, Part 2 Authorizes Disclosure Without Patient Consent for Substance Use Disorder (SUD) Patients Under the Following Circumstances:

#### **Medical Emergency**

 In the event of a threat to the health of the patient that requires immediate medical intervention, Daybreak may disclose patient identifying information to medical personnel to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained.

# Federal Law 42 CFR, Part 2 Authorizes Disclosure Without Patient Consent for Substance Use Disorder (SUD) Patients Continued

#### **Court Order**

In the event of a threat to the health of the patient that requires
 Daybreak will provide the information requested by a state or federal
 court that has issued an appropriate court order. A subpoena, search
 warrant, or arrest warrant is not enough, when standing alone, to
 require or permit Daybreak to disclose an SUD patient's information

#### Crime at Program or Against Program Personnel

 We are authorized to provide certain identifying information to law enforcement agencies if your adolescent, as a past or present client of Daybreak, commits a crime on our premises or against Daybreak personnel.

#### Abuse or Neglect Report

 Some Daybreak staff members, known as mandatory reporters, are required by Washington State law RCW 26.44.030 to report certain information to Child Protective Services (CPS) if they have reasonable cause to believe abuse or neglect occurred. That report can be made without your consent.



Effective Date: 11.16.2021

Please direct your privacy concerns to Daybreak's Privacy Officer at riskmanagement@daybreakyouthservices.org or by calling 360-750-9588. All requests for information must be in writing. Written requests for records must be sent to recordrequest@daybreakyouthservices.org.