



Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review it carefully.

Your Rights

You have the right to:

Get a copy of your paper or electronic medical record	Correct your paper or electronic medical record
Request confidential communication	Ask us to limit the information we share
Get a list of those with whom we've shared your information	Get a copy of this privacy notice
File a complaint if you believe your privacy rights have been violated	Choose someone to act for you

Your Choices

You have some choices in the way that we use and share information as we:

Tell family and friends about your condition	Provide care
Market our services and sell your information	Raise funds

Our Uses and Disclosures

We may use and share your information as we:

Treat you	Run our organization
Bill for your services	Help with public health and safety issues
Do research	Comply with state, federal and local laws
Address workers' compensation, law enforcement, and other government requests	Respond to lawsuits and legal actions including court orders and subpoenas

Your Rights

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

- **Get an electronic or paper copy of your medical record**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
 - 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.
- **Get a list of those with whom we've shared information**
 - You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We may charge a reasonable, cost-based fee.

- **Get a copy of this privacy notice**
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **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 health information.
 - We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your privacy rights are violated**
 - You can complain if you feel we have violated your rights by contacting our designated HIPAA Compliance Officer or Medical Records department at 406-655-2100 or calling toll free 1-800-726-6755.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- **In these cases, you have both the right and choice to tell us to:**
 - Share information with your family, close friends, or others involved in your care
 - Share information with other service providers
 - *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- **In these cases, we never share your information unless you give us written permission:**
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
- **In the case of fundraising:**
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you**
 - We can use your health information and share it with other professionals who are treating you.
Example: Treatment team members (doctor, therapist, mental health worker, etc.) discuss your goals, progress.
- **Run our organization**
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to evaluate the quality and completeness of services.
- **Bill for your services**
 - We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan, so it will pay for your services

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues:**
 - Preventing disease
 - Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- **Do research**
 - We can use or share your information for health research
- **Comply with the law**
 - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Address workers' compensation, law enforcement, and other government requests**
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **Work with a medical examiner or funeral director**
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies
- **Respond to lawsuits and legal actions**
 - We can share health information about you in response to a court or administrative order, or in response to a subpoena while complying with all applicable laws

Our Responsibilities

- 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 give you a copy of it.
- 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.
- YBGR facilitates recreational and therapeutic opportunities in the community. All efforts are made to ensure privacy however incidental disclosures may be made, (e.g. waiting in a lobby with a YBGR client and a community member stops to say hello). YBGR staff are trained and will make every effort to ensure confidentiality.
- YBGR may provide basic information (name, age, medications) to complete liability forms as necessary for participation in recreational or therapeutic activities ("incidental disclosures" e.g. horseback riding, water park, etc.). **You may notify YBGR in writing if you would prefer that your child not participate in such activities where incidental disclosure is required.**

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

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 upon request, in our office, and on our web site.

Effective Date: July 2, 2021

HIPAA Compliance Officer
 1732 South 72nd Street West
 Billings, MT 59106
 (406) 655-2100



WRITTEN ACKNOWLEDGEMENT

I acknowledge that I have reviewed the Yellowstone Boys and Girls Ranch's **Notice of Privacy Practices**, which provides a description of client information, rights, uses and disclosures. A copy of the Notice was offered to me. I understand that I have the right to request restrictions as to how client health information may be used or disclosed and that the organization is not required to agree to the restrictions I request.

Client Name:	
Parent/Guardian Name: (when applicable)	

Signature

Date