



Notice of Privacy Practices

Effective Date: March 17, 2026

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

We are required by law to maintain the privacy and security of your protected health information (PHI). We must follow the duties and privacy practices described in this Notice and provide you a copy upon request.

WHO WILL FOLLOW THIS NOTICE

This Notice describes San Diego Youth Services practices and that of:

- All employees, staff and other SDYS personnel.
- Any member of a volunteer group we allow to help you while you are at SDYS.
- Business Associates
- Subcontractors and other agents when they handle PHI on our behalf.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at SDYS. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the agency. As required and when appropriate, we will ensure that only the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations regarding the use and disclosure of health information.

We are required by law to:

- Keep your health information private;
- Give you this Notice of our legal duties and privacy practices with respect to your personal information; and
- Follow the terms of the Notice that is currently in effect.

We will not use or share your information other than as described in this Notice unless you give us written permission. If you give permission, you may change your mind at any time by telling us in writing.

Some of your records may receive additional protection under federal laws for Substance Use Disorder (SUD) Records (42 CFR Part 2). This Notice explains how we protect those records, your rights regarding them, and our legal duties.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (Service Delivery)

We create a record of the treatment and services you receive at SDYS. We may use certain information to provide you with health treatment or services. We may disclose certain information to case managers, therapists, counselors, doctors, nurses, technicians, or other agency personnel who are involved in working with you at SDYS. SDYS has incorporated the use of Electronic Health Records as a way to access client files. The term "Electronic Health Records" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. For example, a case manager working with you on a substance abuse problem may need to consult with a psychologist to know if you have learning disabilities or emotional problems interfering with your care. We may share certain information in order to coordinate the different things you need such as therapy, drug tests, support groups, and to determine a correct diagnosis and service plan. We also may disclose elements of your identifiable and health information to people outside the agency who may be involved in your treatment, such as your CFWB-worker/Probation Officer, or other persons for coordination and management of your health care. Your mental health information may only be released to health care professionals outside this agency with your authorization if they are responsible for your physical or mental health care. Unless you tell us not to (if applicable to our systems), we may participate in a Health Information Exchange (HIE) so that other health professionals involved in your care can securely access necessary information to coordinate your care.

For Payment

We may use and disclose certain information in order to get paid for the treatment and services we have provided you. For example, we may need to provide information about a visit, medication, or counseling session you received at SDYS, so your health plan or the funding agency will pay us. We may also tell your health plan or funding agency about a service you are going to receive to obtain prior approval or to determine whether your plan or the funding agency will cover the treatment.

For Health Care/Service Delivery Operations

We may use and disclose your protected health information (PHI) and other certain information to carry out activities that are necessary to run our programs and to make sure that all of our Service Partners receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also contact you, when necessary, about your care.

Appointment Reminders

We may use and disclose certain information to contact you as a reminder that you have an appointment for services or health care at SDYS.

Service Alternatives and Health-Related Products and Services

We may use and disclose certain information to recommend possible service delivery options or alternatives that may be of interest to you. Additionally, we may use and disclose certain information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities

We may use certain information to contact you in an effort to raise money for SDYS and its operations. If you do not want SDYS to contact you for fundraising efforts, you must notify the Program Manager and state that you do not want to receive further fundraising communications. You may opt out of fundraising communications at any time; your choice will be honored.

Your Choices About Sharing for Care, Disaster Relief, and Fundraising

You have the right and choice to tell us whether to share information with family, friends, or others involved in your care, and for disaster relief and fundraising. If you are unable to tell us your preference (for example, if you are unconscious), we may share information if we believe it is in your best interest, consistent with law.

Individuals Involved in Your Care or Payment for Your Care

We may disclose certain information to a family member who is involved in your health care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or are unable to agree or object, we will use our judgment to decide whether this disclosure is in your best interests.

Disaster Relief Purposes

We may disclose certain information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

As Required by Law

We will disclose certain information when required to do so by federal, state, or local law. This includes sharing with the U.S. Department of Health and Human Services when required to demonstrate compliance with federal privacy law.

To Avert a Serious Threat to Health and Safety

We may use and disclose certain information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.

Workers' Compensation

We may release certain information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose health information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

Military and Veterans

If you are a member of the armed forces, we may release certain information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Health Oversight Activities

We may disclose certain information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose certain information in response to a court or administrative order. We may also disclose certain information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. We may disclose PHI in response to a court or administrative order, or in response to a subpoena as permitted by law.

Law Enforcement

We may disclose certain information to government law enforcement agencies in response to a court order, warrant, subpoena, summons or similar process issued by a court. We may also disclose PHI for other law-enforcement purposes as permitted by law.

Coroners, Health Examiners and Funeral Directors

We may release certain information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the agency to funeral directors as necessary to carry out their duties.

Specialized Government Functions

We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose certain information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law-enforcement official, we may disclose your PHI to the correctional institution or official when necessary for your health care, for your safety or the safety of others, or for the security of the institution. Your HIPAA rights described in this Notice continue to apply, subject to lawful limitations in a correctional setting.

Other Uses of Your Health Information

Other uses and disclosures of your information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your information for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you. We will never sell your information, use it for marketing, or disclose psychotherapy notes without your written authorization. (We do not maintain separate psychotherapy or SUD counseling notes.)

Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2)

Certain records related to SUD diagnosis, treatment, or referral for treatment are protected by federal law at 42 CFR Part 2 ("Part 2"). Part 2 provides additional privacy protections beyond HIPAA. We will not use or disclose SUD records except as permitted or required by Part 2, or with your specific written consent, as described below:

How we may use or share SUD records without your written consent:

- For bona fide medical emergencies, to medical personnel to address the emergency;
- For scientific research, audit, or program evaluation, when permitted by Part 2;
- To report suspected child abuse or neglect as required by law;
- As otherwise specifically allowed by Part 2 or other applicable laws.

When your written consent is required:

- We must obtain your specific written consent to disclose SUD records for most other purposes, including routine treatment, payment, and health care operations outside the Part 2 program;
- Your consent may allow sharing through a health information exchange, if you choose;
- You may revoke your consent at any time, in writing, except to the extent we have already relied on it.

Use of SUD records in legal proceedings:

SUD records disclosed under Part 2 are protected from use or disclosure in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court issues a specific order that complies with Part 2.

Redisclosure warning:

Any disclosure of SUD records that we make under Part 2 carries the following notice: “This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”

Our duties:

We are required by law to protect SUD records in accordance with 42 CFR Part 2, to provide this Notice, to abide by its terms, and to notify you following certain breaches of your information as required by law.

YOUR RIGHTS REGARDING YOUR INFORMATION

You have the following rights regarding your information in our records:

Right to Inspect and Copy

With certain exceptions, you have the right to inspect and copy your information from our records.

Usually, this includes health and billing records. In order to inspect and copy information that may be used to make decisions about you, you must submit your request in writing. A form will be provided to you for this request. If you request a copy of the information, we will provide a copy of your health information, usually within 30 days of your request, and may charge a reasonable, cost-based fee.

If your records are maintained in electronic format, you have the right to request your copy in electronic form, or request that it is sent to another entity in electronic format.

We may deny your request to inspect and copy your information in certain circumstances. If you are denied the right to inspect and copy your information in our records, you may request that the denial be

reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within SDYS, who was not involved in the denial, will review the decision to deny access. We will comply with the outcome of the review.

Right to Request Amendment

If you feel that your information in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information.

To request an amendment, you must submit your request in writing. A form will be provided to you for this request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend your information that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a Statement of Disagreement, with respect to any item or statement in your record you believe is incomplete or incorrect. In the case we deny your request, we will tell you why in writing within 60 days. If you clearly indicate in writing that you want this form to be made part of your health record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your information other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing. A form will be provided to you for this request. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request that we follow additional, special restrictions when using or disclosing your information for treatment/service delivery, payment or health care operations. You also have the right to

request that we follow additional, special restrictions when using or disclosing your information to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose that you are receiving services at SDYS.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must submit your request in writing. A form will be provided to you for this request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

If you pay out-of-pocket in full for a service or item, you may request that we not share that specific information with your health insurer for payment or operations. We will say “yes” unless a law requires us to share.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit your request in writing. A form will be provided to you for this request. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right 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 health information. We will verify the person’s authority before we act.

Additional Rights for SUD Records (42 CFR Part 2)

- You may request a copy of your SUD records, subject to limited exceptions permitted by law.
- You may request a list of certain disclosures of your SUD records as permitted by law.
- You may request restrictions on disclosure of SUD records; we will follow restrictions required by Part 2 and applicable law.
- You may revoke any written consent you have provided for SUD disclosures, in writing, at any time, except to the extent we have already relied on it.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice; we will provide you with a paper copy promptly upon request. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our website: <http://www.sdyouthservices.org>

To obtain a paper copy of this Notice, please contact an SDYS employee.

Breach Notification

If there is unauthorized access, review or viewing of your protected health information without a direct need for diagnosis, treatment or other lawful use as permitted by law; We will notify you without unreasonable delay—and within the timeframes required by law—if a breach occurs that may have compromised the privacy or security of your information. If a breach involves a large number of individuals, we will provide any additional notifications required by law (for example, posting information on our website and providing a phone number for inquiries).

You also have the right to request an accounting of certain disclosures made by our Business Associates. If we maintain an electronic health record, you may request an accounting of certain disclosures for treatment, payment, and operations for the three years preceding your request, as permitted by law.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Program. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you enroll in a program at the agency to receive services, for we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with SDYS or the Federal Government. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.** To file a complaint with San Diego Youth Services, please follow the procedure outlined in the SDYS Complaint and Grievance Process. If you have comments or questions regarding our privacy practices, contact:

San Diego Youth Services, Inc.
SDYS Privacy Officer
3255 Wing Street
San Diego, CA 92110
(619) 221-8600

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR): 1-877-696-6775; 200 Independence Avenue, S.W., Washington, DC 20201;
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

If your concern involves SUD records protected by 42 CFR Part 2, you may also raise concerns with our Privacy Officer about our compliance with Part 2.