

NOTICE OF PRIVACY PRACTICES

Mental Health and Behavioral Health Services for Youth and Families

Last Updated: March 1, 2026

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND YOUR YOUTH MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Youth Unlimited Inc. (“Youth Unlimited or “we”) provides trauma-informed, culturally responsive mental health and behavioral health services to youth, caregivers, and families. We are an enrolled Oregon Health Plan (“OHP”) / Oregon Medicaid provider and some of our functions are covered by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This Notice applies to all services provided by Youth Unlimited and its staff, interns, and contracted providers.

We have designated our Executive Director as our HIPAA compliance officer/privacy officer (“Privacy Officer”). **If you wish to file a privacy or security complaint, report a breach incident, or ask general questions about our HIPAA compliance, privacy practices or this Note, please contact our Privacy Officer at jacque.serrano@yuioregon.net.**

SECTION 1: OUR LEGAL DUTIES

The HIPAA Privacy Rule establishes national standards to protect an individual’s medical records and protected health information (“PHI”) that are held by covered entities and their business associates, and gives individuals rights with respect to that information. The HIPAA Privacy Rule permits the disclosure of information needed for care, payment for care and other purposes. The HIPAA Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic PHI. The HIPAA Breach Notification Rule requires covered entities and their business associates to provide notification following a breach of unsecured PHI.

Youth Unlimited is required by law to:

1. Maintain the privacy and security of your PHI and your youth’s PHI.
2. Provide you with this Notice describing our legal duties and privacy practices.
3. Follow the terms of the Notice currently in effect.
4. Notify you in writing if a breach of your unsecured PHI occurs.
5. Not use or disclose your PHI except as described in this Notice or as otherwise permitted by law.

We reserve the right to change our privacy practices and the terms of this Notice. If we make a material change, we will make the revised Notice available at our office, on our website [reports and resources | Youth Unlimited Inc](#), and we will provide a copy to all active clients. Changes would apply to PHI that we already held and PHI we receive after the effective date of the revision.

SECTION 2: HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

A. Uses and Disclosures for Treatment, Payment, and Healthcare Operations

The following uses and disclosures do not require your written authorization:

- **Treatment.** We may use and share your PHI to provide, coordinate, and manage mental health services. For example, your provider may consult with a supervising clinician, a psychiatrist, or your youth's school counselor (with your consent) to coordinate care. We may share records with other treating providers involved in your youth's care, including medical providers, substance use treatment programs, and community support services.
- **Payment.** We may use and share your PHI to bill and collect payment for services. This includes submitting claims to OHP, your Coordinated Care Organization (CCO), or other insurers, and responding to inquiries from those entities about covered services.
- **Healthcare Operations.** We may use and share your PHI for internal operations necessary to run our organization, including quality improvement, staff training, supervision, peer review, audits, and program evaluation. Individual identifying information is not disclosed to researchers or evaluators except as required by law and only when essential to the activity.

B. Uses and Disclosures Required or Permitted by Oregon Law

We are required to disclose your PHI under certain circumstances, even without your written authorization (Oregon statutory references in parentheses).

1. **Child Abuse and Neglect (ORS 419B.010).** All Youth Unlimited staff are mandated reporters. If we have reasonable cause to believe a child has been abused or neglected, we are required by law to report immediately to Oregon Department of Human Services (DHS) Child Welfare or law enforcement, without your prior consent.
2. **Vulnerable Adult Abuse (ORS 124.060).** We are required to report to DHS or law enforcement if we have reasonable cause to believe a vulnerable adult (age 65+ or an adult with a disability) has been abused, neglected, or financially exploited.
3. **Duty to Warn / Protect (ORS 179.505(15)):** If a client presents a serious, credible, and imminent threat of physical harm to a specifically identified or identifiable third party, we may be required to take reasonable protective steps, which may include warning that person and/or notifying law enforcement.
4. **Imminent Danger to Self (ORS 426.228):** If a youth or client is in imminent danger of harming themselves and will not cooperate with safety planning, we may disclose PHI to emergency services or initiate an emergency mental health hold.
5. **Court Orders:** We may disclose PHI pursuant to a valid court order or subpoena issued in accordance with Oregon law.
6. **OHP / Medicaid Program Oversight:** We may disclose limited PHI to Oregon Health Authority (OHA), CCOs, or authorized auditing entities for purposes of program administration, compliance monitoring, quality review, and fraud and abuse prevention.

7. **Business Associates:** We may share PHI with contracted Business Associates (e.g., billing services, IT vendors) under a HIPAA-compliant Business Associate Agreement, solely for the purposes of treatment, payment, or healthcare operations.

C. Special Federal Protection for Substance Use Disorder Records

If you or your youth receives or has received substance use disorder (SUD) treatment at Youth Unlimited or from a provider we work with, those records are protected by federal law (42 CFR Part 2). SUD treatment records may not be disclosed to any person or entity — including our non-SUD staff, other treating providers, family members, courts, or law enforcement — without your specific written consent, except in a medical emergency or pursuant to a valid court order.

D. Other Uses and Disclosures Requiring Your Written Authorization

For any use or disclosure not described in Section 2(B) above, we will ask for your written authorization before sharing your PHI. This includes:

- Sharing records with attorneys, schools, employers, or family members not involved in your youth's treatment.
- Marketing communications.
- Sale of PHI.
- Most uses of psychotherapy notes.
- Sharing with other providers not currently treating your youth.

You may revoke your written authorization at any time by submitting a written request to our Privacy Officer. Your revocation will take effect from the date we receive it and will not undo disclosures already made in reliance on the authorization.

SECTION 3: PRIVACY RIGHTS OF YOUTH AND FAMILY MEMBERS

A. Youth Ages 14 and Older — Self-Consent Rights

Under Oregon law (ORS 109.640), a minor who is 14 years of age or older may consent to outpatient mental health treatment on their own, without parental or guardian consent. When a youth age 14 or older self-consents to treatment:

- The youth — not the parent or guardian — generally controls the privacy of those records.
- The youth may access, inspect, and obtain a copy of their own treatment records without parental involvement.
- Youth Unlimited may, but is not required to, inform a parent or guardian of the youth's treatment. The decision to disclose is made in the exercise of professional judgment and in the youth's best interest.

We are committed to supporting youth autonomy while also honoring the important role of family and caregivers in healing. Our trauma-informed approach includes having open conversations with youth about who they want involved in their care.

B. Youth Under Age 14 and Youth Who Cannot Self-Consent

For youth under 14, or for services beyond outpatient mental health treatment, a parent, legal guardian, or authorized representative must provide consent for treatment and generally controls access to the youth's records, subject to the exceptions described in this Notice.

C. Caregiver and Family Member Involvement

Youth Unlimited recognizes that caregivers and identified family members are essential partners in a youth's healing. With proper authorization, we may share relevant treatment information with caregivers and family members who are actively involved in the youth's care. We will always discuss with the youth (as developmentally appropriate) who will be included and how information will be shared.

SECTION 4: YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You — and your youth, when self-consenting — have the following rights regarding PHI held by Youth Unlimited. To exercise any of these rights, please submit a written request to our Privacy Officer.

Right 1: Right to Access and Copy Your Records (See ORS 179.505 and OAR 407-014-0030)

You have the right to inspect and obtain a copy of your or your youth's mental health records. Written accounts held by a provider who is actively treating you must be provided within 5 days of your request. For other records, we must respond within 30 days, with one possible 30-day extension if records are not on-site (we will notify you in writing of any delay). We may charge a reasonable, cost-based fee for copies, postage, and preparation of summaries.

We may deny access to the following types of records:

- Psychotherapy notes (separate from the general treatment record)
- Information compiled in anticipation of civil, criminal, or administrative proceedings
- Information that a licensed professional determines may endanger the life or physical safety of you or another person
- Information subject to attorney work-product privilege
- Information obtained under a promise of confidentiality from a non-provider source, where disclosure would reveal the source

If we deny access, we will provide a written denial stating the reason in plain language, and we will tell you about your right to request a review of the denial by a licensed professional not involved in the original decision.

Right 2: Right to Request Amendment

If you believe your or your youth's PHI in our records is inaccurate or incomplete, you may submit a written request to amend it. We will respond within 60 days. If we deny your request, we will explain why and give you the opportunity to submit a written statement of disagreement. Your statement will be included in your record and disclosed with any future release of the disputed information.

Right 3: Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures, i.e., a written list of certain disclosures we have made of your PHI during the six years prior to your request. This accounting includes disclosures made for purposes other than treatment, payment, and healthcare operations, and excludes disclosures you authorized in writing. Each entry will include the date of disclosure, the name of the recipient, a brief description of the PHI disclosed, and the purpose of the disclosure.

Right 4: Right to Request Restrictions

You may request that we restrict how we use or disclose your PHI. We are required to honor your request if:

- the disclosure would be to a health plan for payment or healthcare operations purposes (not treatment); and
- the PHI pertains solely to a health care item or service for which you have paid us in full out of pocket.

For other restriction requests, we are not required to agree but will document your request and our decision. We may not deny a request to restrict sharing of SUD treatment records with other programs without legal authority to do so.

Right 5: Right to Request Confidential Communications

You may request that we communicate with you by a specific method or at a specific location (for example, only by mail to a P.O. box, or only by calling a particular phone number). We will accommodate all reasonable written requests. We will not ask you to explain the reason for your request.

Right 6: Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you have previously received it electronically. Please contact our Privacy Officer or ask at the front desk.

SECTION 5: TRAUMA-INFORMED AND CULTURALLY RESPONSIVE APPROACH TO PRIVACY

Youth Unlimited understands that for many youth and families — particularly those with histories of complex trauma, involvement with child welfare, or experiences of systemic harm — questions about privacy and information sharing can feel deeply personal and at times frightening. We take these concerns seriously.

Our trauma-informed approach to privacy means:

- We will tell you what information we plan to share, and with whom and why, before we share it, whenever possible.
- We will ask for your permission before involving outside agencies or systems, except where we are legally required to do so.
- We recognize that many families have had harmful experiences with systems that did not protect their privacy. We are committed to rebuilding trust through transparency and honesty.
- We will discuss with your youth (in age-appropriate language) what information is private and what may be shared, so they feel safe and in control of their own story.



- We will endeavor to honor and incorporate your cultural values, family structures, and community relationships in decisions about who is involved in your youth’s care.
- Interpreter services are available at no cost so that privacy rights and consent are fully understood by all family members, regardless of language.

SECTION 6: OREGON HEALTH PLAN (OHP) AND MEDICAID-SPECIFIC PROVISIONS

As an enrolled OHP / Oregon Medicaid provider, Youth Unlimited is subject to additional privacy requirements under Oregon Administrative Rules (see OAR 407-014-0030 and OAR 309-032-1520). OHP may conduct audits, program evaluations, or peer reviews of our services. PHI is not disclosed to persons engaged in such activities except when essential and consistent with state and federal law. Additionally, your CCO may request records necessary to authorize or review services. We will share only the minimum information necessary to fulfill that purpose.

You have the right to file a complaint about privacy violations with your CCO, OHA or the U.S. Department of Health and Human Services Office for Civil Rights (see Section 8).

SECTION 7: SECURITY OF YOUR HEALTH INFORMATION

We maintain appropriate administrative, technical, and physical safeguards to protect the privacy and security of your PHI, including:

- Secure electronic health record systems with role-based access controls
- Encrypted electronic communications and storage
- Locked physical file storage for paper records
- Staff training on HIPAA and Oregon privacy law at hire and annually
- Workforce confidentiality agreements

In the event of a breach of your unsecured PHI, we will notify you in writing without unreasonable delay and within 60 days of discovering the breach. The notification will describe what happened, what information was involved, steps we are taking to investigate and mitigate, and steps you can take to protect yourself.

SECTION 8: HOW TO FILE A COMPLAINT

If you believe your or your youth’s privacy rights have been violated, or if you are dissatisfied with how we have handled your PHI, you have the right to file a complaint. **You will not be retaliated against in any way for filing a complaint.**

Where to File a Complaint:

- **Youth Unlimited Privacy Officer:** Contact information listed in Section 1. We will respond to all complaints within 30 days.
- **Oregon Health Authority (OHA) Office of Client Advocacy:** 1-800-282-8096.
- **Your Coordinated Care Organization (CCO) Member Services:** Contact information on your OHP member card.
- **Oregon Health Licensing Office or Applicable Licensing Board:** For complaints about the conduct of a specific licensed provider.

- **U.S. Department of Health and Human Services, Office for Civil Rights (HIPAA).** Online: www.hhs.gov/ocr/privacy/hipaa/complaints. Phone: 1-800-368-1019 | TDD: 1-800-537-7697. Mail: Hubert H. Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201

SECTION 9: YOUTH IN FOSTER CARE, DHS INVOLVEMENT, OR JUVENILE JUSTICE

We serve many youth who are involved with Oregon DHS Child Welfare, foster care, or the juvenile justice system.

The following additional considerations apply to the privacy of these youth:

- **Court-involved youth:** We may be required to share records pursuant to court orders or with attorneys appointed to represent the youth's interests. We will inform the youth and family whenever possible before complying with a court order.
- **DHS-involved youth:** Proctor parents and DHS caseworkers may have certain rights to access information about a youth in their care, governed by DHS policy and Oregon law. We will clarify these rights with each family at intake.
- **Confidentiality in the therapeutic relationship:** Regardless of system involvement, we are committed to protecting the confidentiality of the therapeutic relationship to the maximum extent permitted by law. We advocate for our youth's privacy with courts, DHS, and other systems when appropriate.
- We will discuss with youth what information may be required to be shared with involved systems, so they are not surprised and feel respected and informed throughout the process.

SECTION 10: AFTER-HOURS AND CRISIS CONTACTS

Youth Unlimited After-Hours On-Call Number: 503-676-7251

Crisis Line Contacts:

- 988 Suicide & Crisis Lifeline: Call or text 988
- Lines for Life: 1-800-273-8255
- Oregon Youth Line: 1-877-968-8491
- Medical and Emergency Services: 911

In a mental health emergency, your provider or an authorized staff member may disclose the minimum necessary PHI to emergency responders or an emergency facility to ensure your youth's safety. We will document any such emergency disclosure and notify you as soon as possible thereafter.



SECTION 11: ACKNOWLEDGMENT OF RECEIPT

We are required to request your signature to acknowledge that you have received this Notice (OAR 407-014-0030(2)(b)). Your signature below confirms only that you received a copy of this Notice — it does not constitute agreement with its terms or a waiver of any of your rights.

If you are unable or decline to sign, a staff member will document the reason. You will still receive services regardless of whether you sign.

Client / Guardian / Representative Signature: _____ **Date:** _____

Printed Name: _____

Relationship to Youth (if not client): _____

Staff Witness Signature and Title: _____

If client declines or is unable to sign, staff must document the reason: