



## Notice of Privacy Practices

Effective Date: 08/21/2025

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the YMCA's practices and that of:

- Any mental health care professional authorized to enter information into your agency chart.
- All projects and programs of YMCA of San Diego County (YMCA).
- All employees, staff and other YMCA personnel (YMCA Personnel).
- All YMCA Personnel, sites and locations follow the terms of this notice. In addition, YMCA Personnel, sites and locations may share medical information which each other for treatment, payment or facility operations purposes described in this notice.
- Contract monitors, regulatory authorities, and accreditation organizations with a legitimate need to access records for oversight, compliance, or quality assurance purposes.

### **Understanding your health record**

A record is made each time you receive services from YMCA. Notes about the meeting and a plan for future services are recorded. This information is most often referred to as your "Record" and serves as a basis for planning your services. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding that information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your information to others.

### **Understanding your health information rights**

Your Record is the physical property of the YMCA, but the content is about you and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your Record. Your rights include being able to review or obtain a paper copy of your health information, and to be given an account of all disclosures. You may also request that communications of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use



or disclose your health information.

### **Our responsibilities**

YMCA is legally required to protect the privacy of Protected Health Information (PHI), which includes information that can be used to identify you, that has been created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this healthcare. The YMCA must provide you this Notice about our privacy practices, and such Notice must explain how, when, and why we will “use” and “disclose” your PHI. A “use” of PHI occurs when we share, examine, utilize, apply, or analyze such information within the YMCA; PHI is “disclosed” when it is released, transferred, has been given to, or otherwise divulged to a third party outside of the YMCA. With some exceptions, YMCA may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. Additionally, YMCA is legally required to follow the privacy practices described in this notice.

### **Changes to this notice**

We reserve the right to change this notice to comply with HIPAA regulations.. We will post a copy of the current notice in the reception area. The notice will contain on the first page, in the top right-hand corner, the effective date. You may request a copy of the new Notice.

### **Use and disclosure of protected health information (PHI)**

YMCA will use and disclose your PHI for many different reasons. For some of these uses or disclosures, we will need your authorization; for others however, we do not. Listed below are the different categories of uses and disclosures along with some examples of each category.

### **Certain uses and disclosure that require your authorization/consent:**

- 1. Psychotherapy notes.** YMCA will not use or disclose any psychotherapy notes as defined in 45 CFR § 164.501 without your explicit written authorization except as authorized under 45 CFR § 164.508(a)(2):
  - i. to carry out treatment, payment or health care operations for:
    - a) use by the originator of the psychotherapy notes in your treatment;
    - b) use or disclosure by the YMCA for its own training programs;
    - c) use or disclosure by the YMCA to defend in legal action or other proceedings brought by you; and
  - ii. a use or disclosure required: by the Secretary of Health and Human Services to investigate compliance with HIPAA; by the law, and the use or disclosure is limited to the requirements of such law; for certain the health oversight activities pertaining to the originator of the psychotherapy notes; by coroner and medical examiners; or to help avert a serious threat to the health and safety of others.
- 2. Marketing.** YMCA will not use or disclose any psychotherapy notes without your explicit written authorization except as authorized under 45 CFR § 164.508(a)(3).



- 3. Sale of PHI.** YMCA will not use or disclose any psychotherapy notes without your explicit written authorization except as authorized under 45 CFR § 164.508(a)(4).

**YMCA can use and disclose your PHI without your consent for the following reasons:**

- 1. For treatment.** YMCA can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you are being treated by a psychiatrist, we can disclose your PHI to your psychiatrist in order to coordinate your care.
- 2. To obtain payment for treatment.** YMCA can use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, YMCA might send your PHI to your insurance company or health plan to get paid for the health services that have been provided to you. YMCA may also provide your PHI to business associates, and others that process our health care claims.
- 3. For health care operations.** YMCA can use or disclose your PHI within the YMCA. For example, YMCA might use your PHI to evaluate the quality of healthcare services that you received or to evaluate the performance of the health care professionals who provided such services to you. YMCA may also provide your PHI to our accountants, attorneys, consultants, and others to make sure the YMCA is complying with applicable laws.
- 4. Other disclosures.** YMCA may also disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

**Certain uses and disclosures do not require your consent.**

YMCA can use and disclose your PHI without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state or local law; judicial or administrative proceedings; or, law enforcement.** For example, a therapist may make a disclosure to applicable officials when a law requires him or her to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding, such as a court order or judge-issued subpoena.
- 2. For public health activities.** For example, YMCA may have to report information



about you to the county coroner.

3. **For health oversight activities.** For example, YMCA may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **For research purposes.** In certain circumstances YMCA may participate in research using de-identified information of clients as defined under 45 CFR § 164.514(a).
5. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, YMCA may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
6. **For specific government functions.** YMCA may disclose PHI of military personnel and veterans in certain situations. And YMCA may disclose PHI for national security or determining VA benefits.
7. **For workers' compensation purposes.** YMCA may provide PHI in order to comply with legal requests as it relates to workers' compensation matters.
8. **Appointment reminders and health related benefits or services.** YMCA may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

**Certain uses and disclosures require you to have the opportunity to object.**

1. **Disclosures to family, friends or others.** YMCA may provide your PHI to a family member, friend or other person that you indicate is involved in your care or payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. **Other uses and disclosures require your prior written authorization.** In any other situation not described in the previous sections, YMCA will ask for your written authorization to disclose your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future (to the extent that we haven't taken any action in reliance on such authorization) disclosure of your PHI by YMCA.

**Your rights regarding your protected health information.**

You have the following rights with respect to your PHI:

1. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that YMCA limit how YMCA uses and discloses your PHI. YMCA will consider your request but is not legally required to accept it. If YMCA accepts your



request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

2. **The right to choose how YMCA sends PHI to you.** You have the right to ask that YMCA send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example e-mail instead of regular mail). YMCA must agree to your request so long as we can easily provide the PHI to you in the format you requested.
3. **The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but know who does, we will tell you how to get it. YMCA will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for denial and explain your right to have our denial reviewed.

If you request copies of your PHI, YMCA may charge you a reasonable fee for labor, supplies, postage or preparation of a summary. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

4. **The right to get a list of disclosures made.** You have the right to obtain a list of instances in which YMCA has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations directly to you, or to your family. The list won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.

YMCA will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list YMCA gives to you will include disclosures made in the last six years unless you request a shorter time. The list will include dates of the disclosures, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. YMCA will provide the list to you at no charge, but if you make more than one request in the same year, you will be charged a reasonable cost-based fee for each additional request.

5. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that YMCA correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. YMCA will respond within 60 days of receiving your request to correct or update your PHI. YMCA may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by YMCA, (iii) not allowed to be disclosed, or (iv) not part



of YMCA records. A written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to ask that your request and the YMCA denial be attached to all future disclosures of your PHI. If YMCA approves your request, YMCA will make the change to your PHI, inform you that the change was made and tell others that need to know about the change to your PHI.

6. **The right to get this notice by E-Mail.** You have the right to get a copy of this notice by e-mail. You also have the right to request a paper copy.

**How to complain about YMCA's privacy practices.**

If you think that YMCA has violated your privacy rights, or you disagree with a decision made about access to your PHI, you may file a complaint as described below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

**Person to contact for information about this notice or to complain about YMCA's privacy practices**

If you have any questions about this notice or any complaints about the YMCA's privacy practices or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact YMCA at: 4451 30th Street, San Diego, CA 92116 or [counselingservices@ymcasd.org](mailto:counselingservices@ymcasd.org).