Oregon
Tina Kotek, Governor

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Effective Date of this Notice October 1st, 2026

Your Information. Your Rights. Our Responsibilities.

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

Purpose of This Notice

When you receive certain health care services from the Oregon Youth Authority (OYA), federal law requires us to protect the health information related to those services. This Notice explains how we may use and share that information, how we protect it, and your privacy rights.

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
- Choose someone to act for you, if permitted by law
- File a complaint if you believe your privacy rights have been violated

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 disaster relief
- Provide mental health care

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 the law

- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order.

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 may request 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.
- If approved and no exception applies under the law, we may 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, office, or cell phone) or to send mail to a different address.
- If you are in an OYA facility, you may request that we communicate with you through your Juvenile Parole and Probation Officer (JPPO) or during a private, in-person conversation.
- 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," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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 someone has authority to act as your personal representative, such as if someone has your 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 rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 6.
- 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 **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- 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, subject to state law limitations under ORS 419A.257, 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 in a disaster relief situation

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.

Our Uses and Disclosures

How do we typically use or share your health information?

Oregon law provides additional protections for youth records and may further limit when OYA can use or share your information. We typically use or share your health information in the following ways, consistent with state law.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A Juvenile Parole/Probation Officer (JPPO) providing case management services may share information with a community treatment provider when making a referral for you.

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 your health information related to our covered healthcare services to manage and administer those 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 have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

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.

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.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- 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

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.

Uses and Disclosures of Specially Protected Health Information (Oregon and Federal Law) Oregon and federal law provide additional protections for certain types of health information. For example, drug and alcohol records are specifically protected and typically require your specific consent for release under both Federal and State law. Mental health records may also receive additional protections in some circumstances. In addition, Oregon law provides special confidentiality protections for juvenile records. OYA will comply with all applicable state and federal confidentiality laws, including ORS 419A.257, Oregon's juvenile delinquency records confidentiality and privilege law.

For more information about these protections, please contact OYA's Privacy Officer using the information on page 6, or refer to the Oregon Revised Statutes or the Oregon Administrative Rules.

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 in this notice 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.
- 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.

2 CFR Part 2 Patient Notice

As described in OYA's Notice of Privacy Practices, youth health information is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Certain Substance Use Disorder (SUD) records are also protected by federal regulations under 42 CFR Part 2 ("Part 2").

This notice for OYA's Part 2 programs describes the additional confidentiality protections that apply to Part 2-protected substance use disorder records, specifically:

- How your SUD health information may be used and disclosed
- Your rights with respect to your SUD health information
- How to file a complaint concerning a violation of the privacy or security of your SUD health information, or of your rights concerning your information
- You have a right to a copy of the notice (in paper or electronic form) and to discuss it with OYA's privacy officer at OYAPrivacyComplaints@oya.oregon.gov if you have any questions
- In this part of the Notice, your "SUD health information" means your Substance Use Disorder (SUD) patient records and "we/us" means OYA's 42 CFR Part 2 Programs.

A. YOUR RIGHTS REGARDING YOUR SUD HEALTH INFORMATION.

This section explains your rights regarding your SUD health information.

1. **Right to Consent to Uses and Disclosures of your SUD health information.** You have the right to consent to most of the uses and disclosures of your SUD health information, including providing a single consent for all future uses or disclosures for treatment, payment and health care operations purposes.
2. **Right to Request Restrictions.** You can ask us not to share certain SUD health information for treatment, payment or health care operations purposes. We are not required to agree to your request. If we agree to your request, we may still share this information if you need emergency treatment. If you pay for a service or health care item out-of-pocket or in full, you can ask us not to share that information with your health insurer. We will agree to that request unless a law requires us to share that information with your insurer.
3. **Right to Obtain a Copy of this Notice.** You have the right to request a paper copy of this notice at any time, even if you have already received an electronic version.
4. **Right to Discuss this Notice.** You can ask questions or obtain more information about this notice and our privacy practices by emailing the contact person at the top of this Part 2 Notice.

5. **Right to File a Complaint.** You have the right to file a complaint with OYA by emailing the contact person at the top of this notice. You can also file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201, calling 1 (877) 696-6775 or visiting their website. We will not retaliate against you for filing a complaint.

B. USES AND DISCLOSURES WITH YOUR CONSENT

With your written consent, we can use or share your SUD health information for all future uses and disclosures for treatment, payment and health care operations purposes.

With a separate written consent, we may also use and share your SUD health information:

- To an individual or program of your choice
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.

C. REVOKING CONSENT

You have the right to revoke your consent by sending a written revocation to the contact person at the top of this notice. If you revoke your consent, we will no longer use or disclose your SUD health information as allowed by your written consent, except to the extent that we have already relied on it to make a use or disclosure. If you have been referred to treatment as a condition of any legal proceedings or processes, your right to revoke your consent may be limited and should be explained in the consent you signed.

D. USES AND DISCLOSURES WITHOUT YOUR CONSENT

We may be allowed or required to share your SUD health information without your written consent for the following purposes:

1. **To communicate within our program and with contractors.** We can share your SUD health information within our program, with an organization that has administrative control over our program and with contractors who help us run our program.
2. **For medical emergencies.** We can share your SUD health information during a bona fide medical emergency with the health care providers and personnel responding to your emergency. We can also share your SUD health information to help the federal Food and Drug Administration to notify you or your provider about unsafe products you may be using.
3. **For certain public health purposes.** We can share SUD health information that does not identify you for certain situations including to prevent disease and report adverse reactions to medications.

4. **To respond to management and financial audit and program evaluations.** We can use or share your SUD health information to improve the quality of our services, obtain needed credentials and cooperate with oversight agencies for activities authorized by law, provided those who view or receive the information agree to destroy or return it once their work is complete and agree not to use it against you.

5. **To assist with cause of death inquiries.** We can share patient identifying information about a deceased patient as permitted or required by law.

6. **To report suspected child abuse and neglect.** We can share patient identifying information that is permitted or required by law to report child abuse or neglect.

7. **To prevent or address crimes or threats of crimes on premises.** We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

8. **For court orders with legal mandates.** We may disclose your SUD health information to comply with special Part 2 court orders and legal mandates (subpoena etc.) as described in Section E of this Patient Notice.

E. LEGAL PROCEEDINGS AND COURT ORDERS

We must follow certain procedures before using or sharing your SUD health information for investigations and legal proceedings.

1. **We will not use or disclose** your SUD health information records, or provide testimony about the content of the records, in any civil, administrative, criminal, or legislative proceedings against you unless you sign a specific consent form allowing the use or disclosure or a court orders the use or disclosure.

2. **We may only use or disclose** your SUD health information based on a court order after notice and an opportunity to hear is provided to you and/or the holder of the record (OYA's Part 2 Program), where required by 42 USC § 290dd-2 and 42 CFR Part 2.

3. **We will not use or disclose** your SUD health information unless a court order authorizing use or disclosure includes a subpoena or other similar legal mandate compelling our disclosure.

F. REDISCLOSURE UNDER HIPAA

When you consent to uses and disclosures for all future treatment, payment and health care operations activities, we may share your SUD health information with other substance use disorder treatment programs, doctors' offices and other providers for those activities. If the person who receives your SUD health information is covered by HIPAA, they may use and share your information again without your consent for any purposes permitted by HIPAA. Your SUD health information still cannot be used in legal proceedings against you unless you consent or based on a Part 2 court order and legal mandate (subpoena, etc.).

G. OUR RESPONSIBILITIES

1. **We are required by law** to maintain the privacy and security of your SUD health information.
2. **We must let you know promptly** if a breach of your unsecured records occurs that may have compromised the privacy or security of your SUD health information.
3. **We must follow** the duties and privacy practices described in this notice and give you a copy of it.
4. **We will not use or share** your SUD health information other than as described in this notice, unless you give us written consent. You have the right to revoke that consent and must let us know in writing.

H. QUESTIONS

If you have questions about this Notice or its contents, you may contact OYA's Privacy Officer at OYAPrivacyComplaints@oya.oregon.gov

I. CHANGES TO THE TERMS OF THIS NOTICE

We are required to follow the terms of this Notice. We reserve the right to change the terms of this notice, and those changes will apply to all SUD health information we have about you. The new notice will be available upon request from us or on our website.

J. EFFECTIVE DATE

This Notice is effective October 1st, 2026 and amends in its entirety all prior OYA 42 CFR Part 2 Patient Notices.

How to Contact Us About this Notice or to Complain About our Privacy Practices

If you have any questions about this Notice, need a copy in another language or format, or want to lodge a complaint about our privacy practices, please contact OYA using the information below.

OYA Privacy Officer
OYAPrivacyComplaints@oya.oregon.gov
503-373-7205

Youth Signature	Date
JPPO Signature (*if youth refuses to sign)*	Date