

**Effective Date 4.19.17**  
**Last Updated 6.29.17**

## **YES Abroad Notice of Privacy Practices**

This Notice of Privacy Practices describes the privacy practices of the Kennedy-Lugar Youth Exchange and Study Abroad program and its implementing partners (collectively, “YES Abroad”).

**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.**

YES Abroad believes your health information is personal. We keep records of the care and services that you receive. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This Notice describes the privacy practices of YES Abroad. This Notice applies to all of the health information that identifies you and the care you receive. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your medical review and for your care and treatment on-program. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect.

### **1. YES ABROAD COORDINATION OF YOUR CARE**

Program staff in the United States follow the terms of this Notice. The doctors and other caregivers who are not employed by YES Abroad exchange information about you as a patient with YES Abroad program staff. In connection with the health care that these health care practitioners provide to you outside of YES Abroad, YES Abroad may also give you their own privacy notices that describe their office practices.

All of these doctors and caregivers may share your health information with each other for reasons of treatment, payment, and health care operations as described below.

### **2. HOW YES MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

When you participate in YES Abroad, we will use your health information within YES Abroad and disclose your health information outside YES Abroad for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

**Treatment.** We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons who need the information to take care of you. This may involve talking to doctors and others not employed by us. We also may disclose your health information to people outside YES Abroad who may be involved in your health care, such as treating doctors, contact retailers, contact distributors, pharmacies, and host family members.

**Payment.** We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, your program-provided supplemental insurance “ASPE,” or another third party.

**Health Care Operations.** We may use your health information and disclose it outside YES Abroad for our health care operations. These uses and disclosures help us operate YES Abroad. We may also disclose information to doctors, nurses, technicians, IT, and other persons at YES Abroad for learning and quality improvement purposes.

**Contacting You.** We may use and disclose health information to reach you about appointments scheduling and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

**Legal Matters.** We will disclose health information about you outside YES Abroad when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.

### 3. AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside YES Abroad to determine if a finalist meets medical requirements for participation and placement and for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of health information for certain marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

Ohio and Florida law require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program, or mental health services that you have received.

Florida law also requires consent for:

- Certain disclosures to family members
- Certain disclosures of health information for patient information directory purposes
- Certain disclosures of health information for payment purposes
- Certain disclosures of health information for health care operations purposes
- Certain disclosures or use of health information for solicitation or marketing purposes
- Certain disclosures of health information for research purposes
- Certain disclosures of health information relating to sexually transmitted diseases
- Certain disclosures of health information that include genetic testing or DNA analysis results

#### 4. YOUR RIGHTS REGARDING HEALTH INFORMATION

**Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom YES Abroad has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures and the records about which you are requesting the accounting. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to Skye Wallace Henry, Program Manager, YES Abroad Administration phone:202-833-7522, email: [yesabroad@americancouncils.org](mailto:yesabroad@americancouncils.org), address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. We will respond to you within 60 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings requested within the same 12 months.

**Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, and give the reason for your request. You must address your request to the Skye Wallace Henry, Program Manager, YES Abroad Administration phone:202-833-7522, email: [yesabroad@americancouncils.org](mailto:yesabroad@americancouncils.org), address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. YES Abroad will respond to you within 60 days. We may deny your request; if we do, we will tell you why and explain your options.

**Right to Inspect and Obtain Copy.** You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to Skye Wallace Henry, Program

Manager, YES Abroad Administration phone:202-833-7522, email: yesabroad@americancouncils.org, address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. We may charge a fee for processing your request. If NSLI-Y denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to Skye Wallace Henry, Program Manager, YES Abroad Administration phone:202-833-7522, email: yesabroad@americancouncils.org, address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036.

**Right to Request Restrictions.** You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree. A request for a restriction must be signed and dated. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing Skye Wallace Henry, Program Manager, YES Abroad Administration phone: 202-833-7522, email: yesabroad@americancouncils.org, address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures we make to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you by mail. Your request for confidential communications must be in writing, signed, and dated. It must specify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to Skye Wallace Henry, Program Manager, YES Abroad Administration phone:202-833-7522, email: yesabroad@americancouncils.org, address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. 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. You may obtain a paper copy of this Notice by writing Skye Wallace Henry, Program Manager, YES Abroad Administration phone: 202-833-7522, email: yesabroad@americancouncils.org, address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SC Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. To

file a complaint with YES Abroad, you must submit your complaint in writing to Skye Wallace Henry, Program Manager, YES Abroad Administration, email: [yesabroad@americancouncils.org](mailto:yesabroad@americancouncils.org), address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. You will not be penalized for filing a complaint.

## 5. CHANGES TO THIS NOTICE

YES Abroad may change this Notice at any time. Any change in the Notice could apply to medical 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 on our website, [www.yesabroad.org](http://www.yesabroad.org). The effective date of the Notice is on the first page in the top right corner.

## 6. QUESTIONS

If you have questions about this Notice, you may contact the YES Abroad Program Manager for Administration: Skye Wallace Henry. Phone: 202-833-7522, email: [yesabroad@americancouncils.org](mailto:yesabroad@americancouncils.org); American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036.

*NOTICE: If you send health information to YES Abroad via email, please know that your message may be sent in an unencrypted email. An unencrypted email means there is a risk that the information in the email and any attachments could potentially be read by a third party when it is sent through the internet.*