



**Effective Date 12.1.2017**

## **American Councils for International Education**

### **Privacy Practices for National Security Language Initiative for Youth (NSLI-Y)**

This Notice of Privacy Practices describes the privacy practices of NSLI-Y and American Councils for International Education and NSLI-Y implementing partners (collectively, “NSLI-Y”).

**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.**

NSLI-Y believes your health information is personal. We keep records of the medical evaluation form and medical care and health care services that you may receive while participating in NSLI-Y programs if selected as a finalist. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you and to enable us to meet our professional and legal obligations to operate the NSLI-Y. 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 NSLI-Y. This Notice applies to all of the health information that identifies you and the care you receive while participating in NSLI-Y programs. 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. NSLI-Y 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 NSLI-Y may exchange information about you with NSLI-Y staff during a medical review process or while on-program. In connection with the health care provided to you outside of NSLI-Y, health care practitioners 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 NSLI-Y MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

When you participate in NSLI-Y, we will use your health information within NSLI-Y administration/implementation/facilitating medical treatment and disclose your health information outside NSLI-Y for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

**Medical Review and Placement:** After you are selected as a finalist for NSLI-Y, we use health information to review your medical history and any current medical conditions to ensure that you meet medical requirements to participate in NSLI-Y. NSLI-Y staff may review the NSLI-Y medical evaluation form initially for completeness. Physicians and nurse practitioners, contracted by American Councils for International Education, will then review medical evaluation forms through a secure database. The results of their review will be available to NSLI-Y staff including NSLI-Y implementing organization staff in the U.S. and overseas to determine if and where a safe placement can be provided overseas. Only the minimally necessary health information will be shared with the U.S. Department of State program staff, your host family, and host school/institution for placement purposes.

**Treatment on Program:** 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 NSLI-Y who may be involved in your health care, such as treating doctors, contact retailers, contact distributors, pharmacies, Department of State 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.

**Contacting You:** We may use and disclose health information to reach you about medical review and placement, 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 NSLI-Y 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 may disclose it outside NSLI-Y 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 NSLI-Y 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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone: 202-833-7522, email: [nsliy@americancouncils.org](mailto:nsliy@americancouncils.org), address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20003. 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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone:202-833-7522, email: nsliy@americancouncils.org, address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20003. NSLI-Y 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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone:202-833-7522, email: nsliy@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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone:202-833-7522, email: nsliy@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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone:202-833-7522, email: nsliy@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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone:202-833-7522, email: nsliy@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 Emily Matts Henry, Program Manager, NSLI-Y Administration phone: 202-833-7522, email: [nsliy@americancouncils.org](mailto:nsliy@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 NSLI-Y or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with NSLI-Y, please contact Emily Matts Henry, Program Manager, NSLI-Y Administration, email: [nsliy@americancouncils.org](mailto:nsliy@americancouncils.org), address: American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036. *No one will retaliate or take action against you for filing a complaint.*

## 5. CHANGES TO THIS NOTICE

NSLI-Y 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, <https://www.nsliforyourth.org/faq>. 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 NSLI-Y Program Manager for Administration: Emily Matts Henry. Phone: 202-833-7522, email: [nsliy@americancouncils.org](mailto:nsliy@americancouncils.org); American Councils for International Education, 1828 L St., NW Suite 1200, Washington, DC 20036.

*NOTICE: If you send health information to NSLI-Y 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.*