Sea Mar Youth Treatment

tification of Family and Others:

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

We may use and disclose your protected health information without your authorization as follows:

- □ With Medical Researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- □ To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- □ To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- □ To Comply With Workers' Compensation Laws—if you make a workers' compensation claim.
- For Public Health and Safety Purposes as Allowed or Required by Law:

 to prevent or reduce a serious, immediate threat to the health or safety of a person or the public;

 to public health or legal authorities; to protect public health and safety; to prevent or control disease, injury, or disability; to report vital statistics such as births or deaths.
- □ To Report Suspected Abuse or Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- □ For Law Enforcement Purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- □ For Health and Safety Oversight Activities. For example, we may share health information with the Department of Health.
- □ For Disaster Relief Purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- □ For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.
- □ In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- □ For Specialized Government Functions. For example, we may share information for national security purposes.

Other Uses and Disclosures of Protected Health Information:

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.