

**PATHWAY, INC.**  
Enterprise, Alabama

**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED  
AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**Your Health  
Information  
is  
Private**

Just like when you go to a hospital, doctor, dentist, or other health care provider, Pathway obtains information about you. This is called Protected Health Information (PHI). We call it "protected" because it is private. In addition to the usual information gathered, such as your health history, current problems, examinations and test results, diagnoses, medications, and treatment, Pathway may also obtain psychological, psychiatric, social and other information. This information, called your medical or clinical record, serves as a basis for: planning your care and treatment; communication with others who provide you with health care, your social and/or juvenile probation officer; and as a way for you and the people or agency that are paying for your treatment to verify that you really received the services that they were billed for.

We will not use or share your health information without proper authorization, except as described in this Notice or otherwise required by law.

Pathway's staff understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. Pathway is committed to protecting your health information and following all laws regarding the use of your PHI. You have the right to discuss your concerns about how your health information is shared. Federal law says:

1. Pathway must keep your health care information from others who do not need to know it.
2. You have the right to request that Pathway not share certain health care information. In some cases, Pathway may not be able to agree to your request. (See "Your Legal Rights" section for more information about this.)

**Who sees and shares your health information?**

Based on regulatory consent, or in some cases with your written consent, we will use your health information for treatment. For example, therapists, nurses, doctors, and group leaders or other members of your treatment team will write information in your clinical record to diagnose your problems and plan for your care and treatment.

Your Primary Therapist is responsible for your Master Treatment Plan, which describes the treatments that other members of the treatment team are expected to provide. Those other members will then document their observations and the action they took. In that way, your Primary Therapist will know how you are responding to treatment.

We may also give other health professionals who treat you, provide second opinions, or others who may help with your care, with copies of your records to assist them with giving you the treatment that is most helpful to you. But we will never give them more information than they really need to know in order to do their jobs.

**Could your health information be released, or seen by others, without authorization or permission?**

Based upon regulatory consent, Pathway will use your health information for payment purposes. For example, we may send a bill to an insurance company, Medicaid, or the Alabama State Department of Human Resources that will include information that identifies you and may show testing results, your diagnosis, recommended treatment, and the treatment you received.

Based upon regulatory consent, we will use your health information for health care operations. For example, members of our staff and other authorized agents of Pathway will use information in your clinical record and other documents related to your safety and treatment to evaluate your care and progress. We will also use information in your clinical record to assess staff performance in meeting your needs. Pathway will use this information in an effort to continue to

improve the quality and effectiveness of the therapeutic services we provide for you, as well the environment in which we provide for your care.

We may get assistance from others to provide health care and other services for you. Examples include doctors, dentists, hospitals, laboratories, a transcription service to type information dictated by members of your treatment team that goes in to your clinical record, and other services that support our mission to take good care of you. To keep a clean, safe, and well maintained campus, Pathway also allows others to provide pest control, telephone repair, and other maintenance. These service workers may see you and/or information about you while performing their required services. When Pathway requests these types of services from others, we require them to protect your information.

Other examples of disclosures include, but are not limited to:

- ◆ Information given to medical personnel in case of an emergency;
- ◆ Disclosure to your family, social worker, or juvenile probation officer you authorize who are involved in your health care. We will share your health information with those you authorize as needed to enable them to help you;
- ◆ Disclosure to health care regulatory agencies. Pathway is required by law to disclose certain health information to certain federal and state agencies when they request it. We may also disclose health information to accreditation and certification organizations. Sometimes they ask for written reports, and sometimes they send people here to visit on our campus. You will be notified in advance when any visit is scheduled;
- ◆ Disclosures to child protection agencies, like the Department of Human Resources;
- ◆ When Pathway receives a court order and must disclose your health information;
- ◆ Disclosure to public health authorities;
- ◆ We may be required to disclose health information to law enforcement or other federal officials in some circumstances.

### **Confidentiality of Alcohol and Drug Abuse Information**

If you are receiving substance abuse services from Pathway, information that would identify you as a person getting help for a substance abuse problem is protected under a separate set of federal regulations known as “Confidentiality of Alcohol and Drug Abuse Patient Records”, 42 CFR Part 2. Under certain circumstances, these regulations give your health information more privacy protections beyond those that have already been described.

In general, any information identifying you as a substance abuser cannot be shared outside Pathway without your specific written authorization. For example, before your substance abuse health related information can be released to family, law enforcement, judicial and corrections personnel, public health authorities, or other providers of medical services, we are required to ask for your written permission.

These are exceptions. They include court orders to release your health information, the provision of your health information to medical personnel in an emergency, & sharing information with approved personnel performing audits or evaluations of your treatment program to ensure that you receive necessary services.

In those cases where you did authorize Pathway to release your substance abuse related health information, the release will always be sent with a notice prohibiting the individual or agency receiving your health information from re-releasing it unless permitted under the regulations of 42 CFR. Otherwise, before specific information pertaining to the care you are receiving for your substance problem can be released, you must authorize the release in writing.

### **What if my health information needs to be sent somewhere?**

For certain other releases you may be asked to sign a separate form, called “**Authorization For Use and/or Disclosure of Protected Health Information**”, allowing your health care information to go somewhere else. The Authorization form tells us what, where, and to whom your information may be sent. You can later cancel or limit the amount of information sent at any time by letting us know in writing.

NOTE: Your health care information is otherwise kept private unless you sign an Authorization form. Also, you may ask to have your health information sent to any person that is helping you with your health care.

### **May I see my health information?**

You have the right to see your clinical record. The record is the physical property of Pathway, but the information belongs to you. We will allow you to review your record unless a qualified clinical professional decides that it could result in a risk of harm to you or someone else, or negatively affect your treatment. If another person gave us information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We may also delete any protected health information in your record about other people. At your request, we will make a copy of your record for you. You will be charged a reasonable fee for the copies.

### **Your Legal Rights**

Right to request alternate communications: You may request communication to you outside Pathway, such as follow up contacts, be made in a confidential manner. We will accommodate reasonable requests, made in writing, as long as you give us a reasonable way to achieve our mutual goals.

Right to request restrictions on use and disclosure of your information: You have the right to request restrictions, made in writing, on Pathway's use of your protected health information for particular purposes, or our disclosure of that information to certain others. Although we are not obligated to agree to a requested restriction, we will thoughtfully consider your request.

Right to revoke the Authorization For Use and/or Disclosure of Protected Health Information: You may revoke a written Authorization for Pathway to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information. Your revocation must be in writing.

Right to amend your clinical record: If you believe your record contains an error, you may ask, in writing, that correct or new information be added. If there is a mistake, a note will be entered in your record to correct the record. If not, you will be told and allowed the opportunity to add a statement to the record explaining the reason you believe the record is not accurate. This information will be added as a part of your record and shared with others if it might affect decisions they make about your treatment. You may ask, in writing, that the corrected or new information be sent to others who have received your health information from Pathway. The right to amend is not absolute. In certain cases, Pathway may deny a client's request to amend their clinical record. For example, when the health information was received from someone else, we cannot change their work or information; or when after investigation and consideration, the information is determined to be accurate. Pathway will give you written notice of the reason(s) for any such denial. If an amendment is made by the client, and Pathway personnel disagree with the content of the client's amendment, Pathway may place a written response in the client's clinical record.

Right to accounting: You have the right to a listing of the disclosures of your protected health information made to others. This includes disclosures which may have been made in error. We will give you the list of disclosures if made during the past six years, but only those made after April 14, 2003. Disclosures requested by law enforcement authorities that are conducting a criminal investigation will not be reported or accounted for.

Right to know of unauthorized access to your PHI: We will notify you within 60 days of any discovery we may make that someone has looked at your PHI without permission. This is called a "breach", and it can even happen months or years after you have discharged from Pathway. We will contact you and/or your parents or legal guardian to let you know if this happens.

### **How do I request or obtain access to my information, or how do I request an accounting?**

Pathway has forms for everything! If you have questions or concerns about your privacy or your rights regarding your protected health information, you should first talk with your Primary Therapist. Your therapist will respond to each and every question you may have. If they don't know the answer at first, they will get your answer from Pathway's Privacy Officer. Your therapist will also have all of the many forms that go along with your privacy rights and resolving any privacy rights issues.

**What if I want to make a privacy violation complaint?**

If you feel that your privacy rights have been violated or you want to make a complaint about privacy rights that your Primary Therapist can't seem to resolve, you should contact Pathway's Privacy Officer, Mr. Joe Peeples, during regular business hours. You can write him a note and ask your Group Leader to put it in his mailbox in the Campus I administrative office. If you choose, you may send it through the mail. Address your envelope as follows:

Mr. Joe Peeples, Privacy Officer  
Pathway, Inc.  
P.O. Box 311206  
Enterprise, Alabama 36331-1206

If you feel that your concern about privacy rights has not been resolved after contacting Pathway's Privacy Officer, you may also contact the federal government by writing to:

Secretary of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Or you may call the United States Office of Civil Rights at (866) 627-7748.

**Your health care services will not be affected by any complaint made to the Privacy Officer, to the Secretary of Health and Human Services, or to the U.S. Office of Civil Rights.**

**What if this Notice of Privacy Practices changes?**

Pathway reserves the right to make changes in its policies and this Notice. If there are important changes made, you will get a new Notice within 30 days of the change(s).

**May I have a copy of this Notice to keep?**

You certainly may, and we will ask you to sign a form that says you have a copy!