

PATH (People Acting to Help), Inc.

Privacy Notice Regarding

Use and Disclosure of Treatment Information

THIS PRIVACY NOTICE DESCRIBES HOW YOUR TREATMENT INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS TREATMENT INFORMATION. PLEASE REVIEW IT CAREFULLY. THANK YOU.

I. Purpose of this Notice.

As part of providing services, PATH creates a clinical/medical record pertaining to your treatment. PATH protects as confidential any treatment information collected. This Privacy Notice describes the types of treatment information we collect, the safeguards we have in place to protect the treatment information, the circumstances under which the treatment information may be shared, and your rights concerning the treatment information. Treatment information includes but is not limited to: your name, address, other personal identifying information, health status, and record of treatment services that have been, are being, and will be provided to you in the future.

PATH requires all of its Board of Directors, employees, staff, volunteers, other personnel, independent contractors and business associates to comply with these privacy practices.

You should read this Notice before signing any documents. If you have any questions or would like to discuss this Privacy Notice further, please contact your case manager who will direct your questions to PATH's Privacy Officer.

II. Consent and Authorization

PATH must obtain your written *Consent* to treatment before starting any treatment, payment, or healthcare operations on your behalf. You will be required to read a Consent Form and give your *Consent* in writing before any treatment services are begun. This *Consent* will remain in effect until completion of your treatment services with PATH. However, you have the right to revoke your *Consent*, in writing or to have your oral revocation documented in your presence, at any time during the course of your treatment services, except to the extent that PATH has taken action or will need to take action for reimbursement of services already provided, in reliance on your *Consent*.

Your written *Authorization* is required for the use or disclosure of any part or all of your treatment information requested by any party outside of PATH who is not involved in the treatment or payment and healthcare operations

being performed on your behalf. For example, Drug and Alcohol Abuse treatment information and Psychotherapy Notes cannot be released without your specific *Authorization*, except when required by law. When required by law, only that information which is *minimum and necessary* to accomplish the purpose of the request may be disclosed. An *Authorization* is time restricted and contains a prohibition against the use of the disclosed information for any purpose other than the purpose stated on the *Authorization* and against a re-disclosure of the information for any purpose.

III. Use and Disclosure of Information for Treatment, Payment and Health Care Operations.

Laws governing treatment programs and procedures allow PATH to use and disclose your medical information for treatment, payment, and healthcare operations once we have provided you with this Privacy Notice and obtained your written Consent for treatment. We describe each of these categories below with examples. Not every use or disclosure in a category will be listed.

Treatment

Treatment means the provision, coordination, or case management of health care and related services by or involving PATH. This includes coordinating care among the various clinical programs within PATH as well as coordinating care with outside health care providers.

For example: Information obtained by a clinician, physician, case manager or other member of your PATH healthcare team will be recorded in your treatment record and used to determine the treatment plan that should work best for you. Typically, this information includes your symptoms, examination and test results, diagnoses, treatment, your progress with treatment and a plan for future care or treatment. Members of your treatment team will document the actions they took, their observations, and any other relevant medical information. In that way, the treatment team will know how you are responding to care. With your Consent to treatment, PATH can exchange this information with those treatment team members actively engaged in your care who are PATH employees, and to persons assisting with your care who are not PATH employees but are members of your treatment team. Only that portion of your treatment record necessary to ensure continuity of care and on-going treatment will be shared with treatment team members who are not PATH employees.

Your Consent to treatment also grants permission for PATH to contact you by phone or mail for the purposes of scheduling appointments or discussing aspects of care directly with you, unless you request alternative means of communication for such contacts. We will also ask you to provide the name

and phone number of a person to contact in the event of an emergency. If family members or close friends are involved in supporting you in decision-making about your care, we will ask for your authorization to discuss your treatment in their presence or by phone. You have the right to refuse or limit any disclosures of this type at any time. Your case manager can assist you in exercising this right.

Payment

Payment refers to the activities PATH undertakes to obtain reimbursement for services provided to you. In order to process payment, your insurer may require PATH to provide information to confirm your eligibility for services or coordinate benefits with other insurers. Other required payment activities include billing, claims management, collection, medical necessity review, utilization review, appeals, and disclosures to consumer reporting agencies.

For example: A bill may be sent to you or a third-party payer. Information on or accompanying the bill may identify you, as well as your diagnosis and a summary of the treatment provided. PATH may also be asked to disclose healthcare information to your insurer to determine whether the services provided to you were medically necessary. Information to be released for such purposes is limited to the staff names, the dates, types and costs of therapies or services, and a short description of the general purpose of each treatment session or service.

Health Care Operations

Health care operations cover a range of activities performed by PATH, its Business Associates, or entities that are necessary to manage information, data, and services on behalf of PATH and its clients. These include, but are not limited to, conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; peer review; credentialing and licensing; training programs; legal and financial services; business planning and development; management activities related to PATH's privacy practices; client services; internal grievances; creating de-identified information for data aggregation or other purposes; fundraising; certain marketing activities; and due diligence activities.

For example: Members of the clinical and/or quality improvement team may review information in your treatment record to assess the care and outcomes of your case and others like it. Or PATH funders may contract with an independent agency to conduct satisfaction or other quality assessment measures directly with you. Information obtained will be used to improve the quality and effectiveness of the treatment services we provide.

Please note: Certain uses or disclosures of treatment information, such as for drug and alcohol treatment and Psychotherapy Notes, require PATH to obtain your *Authorization* before releasing information for treatment, payment or health care operations unless otherwise required or permitted by law.

IV. The Use and Disclosure of Information for Other Purposes Not Requiring Authorization or Consent

Under the circumstance listed below, PATH is permitted by law to use or disclose treatment information without your further Consent or Authorization:

- (1) To those actively engaged in your treatment at PATH and to those providers of care actively coordinating with PATH in your care and treatment;
- (2) To reviewers and inspectors, including the Joint Commission on Accreditation Healthcare Organizations (JCAHO) and Commonwealth licensure or certification, as well as those participating in PSRO or Utilization Reviews, when necessary to obtain certification as an eligible provider of services
- (3) To the Philadelphia County Mental Health/Mental Retardation Administrator, under his or her duties under applicable statutes and regulations.
- (4) To a court or mental health review officer, in the course of legal proceedings authorized by statute or regulations.
- (5) In response to a court order, when production of the documents is properly ordered by law.
- (6) To appropriate regulatory agencies responsible for handling child or patient abuse.
- (7) In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death. Only the specific minimum necessary information pertinent to the relief of the emergency may be released on a nonconsensual basis.
- (8) To parents, guardians, and other verified personal representatives when necessary to obtain consent to medical treatment.
- (9) To attorneys assigned to represent you at a commitment hearing.
- (10) To Business Associates with whom PATH contracts for services. Examples include physician laboratory tests, microfilm production, and ambulance transportation. When these services are contracted, we may disclose your health information to our Business Associate so that it can perform the contracted work. The Business Associate will be required to sign a Business Associate Agreement obligating it to apply safeguards to protect your health information.
- (11) As required by law, PATH may disclose your health information to public health or legal authorities charged with preventing or controlling disease or injury. Examples include adverse reactions to medications and communicable diseases.
- (12) To insurers and those third party payers or co-payers who are responsible for payment for your treatment services and who require information to verify that the services were actually provided.

Information made available under these circumstances is limited to that information which is *minimum and necessary* to the purpose for which the information is sought. The information disclosed may not, without your consent, be released to additional persons or entities, or used for additional purposes.

V. Authorizations for Other Uses and Disclosures of Your Medical Information

For purposes other than those listed above, PATH is required to obtain your Authorization before making any disclosure. An Authorization identifies the exact information being requested, the person or entity requesting the information, and an expiration date or event for the Authorization. The Authorization serves as your permission for the disclosure of the information requested. You have the right to revoke the Authorization at any time except to the extent that we have already used or disclosed information in reliance of the Authorization or except to the extent that your Authorization was obtained as a condition of your insurance coverage. Examples of when an Authorization is required include for the disclosure of Psychotherapy Notes or for the disclosure of Drug and Alcohol Abuse treatment records unless otherwise required or permitted by law.

Please note that PATH cannot absolutely guarantee that once information has been disclosed to a third party named in your Authorization, that the third party will abide by the rules stated in PATH's Privacy Notice.

VI. Your Rights With Respect to Treatment Information

If you are of appropriate age and legal capacity, and understand the nature of your treatment information and the purpose for which your treatment information may be used or disclosed, you may control access to your treatment information. Certain exceptions and legal restrictions apply to your rights as explained below:

Access to your Record: According to law, your treatment record is the property of PATH or the provider of treatment services that creates the record. However, the law provides for you to request access to your treatment record to inspect and copy the information that it contains. If you request access or a copy of information in your record, the request should be made in writing and we will normally respond to your request within 30 days. PATH may charge a reasonable copying fee for any records copied for you.

When access is granted to review or inspect your treatment record, a clinical professional will be present to review the record with you. However, in certain instances, the law permits PATH to deny your request for access to all or part of your record.

PATH may deny your request for access to your treatment record when:

- (1) Upon documentation by the treatment team leader, it is determined that disclosure of specific information concerning treatment will constitute a substantial detriment to your treatment.
- (2) When disclosure of specific information will reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality.
- (3) The above limitations are applicable to parents, guardians, and others who may control access over records, except that the possibility of substantial detriment to the parent, guardian, or other person may also be considered.
- (4) The Behavioral Health or Mental Retardation Clinical Director retains absolute discretion in receiving and reviewing the treatment information requested in writing in advance of granting access to the treatment information, and may be present or designate an appropriate party to be present when the treatment information is being reviewed.

You may appeal our denial. If you would like to request to inspect or copy your record, please contact your case manager who will assist you in this process of documenting this request in writing.

Restrictions: You have the right to request that PATH restrict uses and disclosures of your treatment information for purposes of treatment, payment or healthcare operations. PATH, however, is not bound to accept your requested restrictions if the treatment team does not reasonably believe that it can or should comply with the requested restriction. PATH reserves the right for its treatment team to make such decisions and to give a written refusal in response to your request for restrictions. But PATH will be bound by all reasonable and appropriate requests for restrictions to which it agrees in writing, except in emergency situations. If you would like to request a restriction, please contact your case manager who will assist you in this process.

Confidential Communications: You have a right to request that PATH restrict the way we communicate information with you about treatment, payment, or healthcare operations. With your consent, we typically will contact you at the numbers you provide (home and/or work) to confirm or re-schedule appointments and will send correspondence with the PATH logo to your home. You have the right to restrict this type of communication with you. For example, you may request that we only contact you at home and not at work. PATH will do its best to reasonably accommodate such requests. If you would like to request a restriction, you must do so in writing. Please contact your case manager who will assist you in this process.

Amending your Record: You have a right to request that PATH correct or amend information in your record, which you believe is inaccurate, irrelevant, outdated or incomplete. Corrections or amendments agreed to by PATH will be documented within 60 days of your written request. However, PATH reserves the right to deny this request in writing within 60 days, if we believe your information is accurate and/or complete. You have a right to appeal this denial within 30 days of its receipt. You also have the right to enter written data or memoranda qualifying or rebutting information in your record, which you believe to be erroneous or misleading. Your written data or memoranda will accompany all released records. To exercise this right, please contact your case manager who will assist you in this process of documenting this request in writing.

Accounting: You have a right to request an accounting of disclosures of your protected health information during the six (6) years prior to the date of your request, provided the disclosure occurred on or after April 13, 2003, the effective date of PATH's compliance. This right to accounting does not include disclosures for treatment, payment, or healthcare operations. You have the right to request a copy of any authorization you signed to disclose information from your record. This copy will be provided at the time of your request. In general, PATH does not release protected health information except as stated in this Privacy Notice, and these releases would not be subject to an accounting. However, if you would like to request an accounting otherwise permitted, please contact your case manager who will assist you in this process and/or provide you with the appropriate form.

Complaints: You may follow PATH's grievance procedure if you have complaints concerning any disclosure of your personal information. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services if you believe PATH, its employees or its agents have violated any of your rights. Under no circumstance will PATH take any retaliation against you for filing a complaint. If you would like to make a complaint, please contact your case manager who will assist you in this process and/or provide you with the appropriate complaint form.

VII. PATH's Duties and Responsibilities

PATH is required by law to maintain the privacy and confidentiality of your medical record and treatment information. We are also required to provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you. PATH must date and comply with its Privacy Notice currently in effect. PATH will revise its Privacy Notice if we materially change any of its provisions or due to revision of laws. If PATH revises its current Privacy Notice, we will make the revised Notice available to all active participants and post it at our facility. PATH reserves the right to implement the changes prior to issuing the revised Privacy Notice.

BSU# _____

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By my dated signature below, I verify that I have received PATH's Privacy Notice consisting of eight (8) pages including this signature page.

Signature of Client

Date

Client Name (Print)

Witness

Signature of Authorized Representative

Relationship to Client