

## Privacy Policy

Psychiatric medical records and your care are confidential, except in two specific instances: Our providers are required by law to report suspected child abuse and to provide information to others in order to protect someone you threaten to harm. Also, use of recording devices in the office are prohibited unless approved in advance and in writing. Violators are subject to termination or legal action as our client's safety and privacy is of the utmost concern.

### **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**

The Health Insurance Portability and Accountability Act of 1996 HIPAA requires health plans to notify plan participants and beneficiaries about its policies and procedures to protect the confidentiality of their health information (45 Code of Federal Regulations parts 160 and 164). This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by Pathway Mental Wellness. The regulations will supersede any discrepancy between the information in this notice and the regulations. Pathway Mental Wellness needs to create, receive, and maintain records that contain health information about you to administer health care and mental health services.

This notice describes Pathway Mental Wellness's privacy policy. The notice tells you the ways Pathway Mental Wellness may use and disclose health information about you, describes your rights, and the obligations Pathway Mental Wellness have regarding the use and disclosure of your health information. It does not address the health information policies and procedures of your health care providers.

#### Commitment Regarding Health Information Privacy

The privacy policy and procedures of Pathway Mental Wellness protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" PHI. Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

#### Privacy Obligations

Pathway Mental Wellness is required by law to:

- Make sure that health information that identifies you is kept private;
- Make available to you this notice of Pathway Mental Wellness's legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect.

#### **How Pathway Mental Wellness May Use and Disclose Health Information About You**

The following are the different ways Pathway Mental Wellness may use and disclose your PHI without your written authorization:

- **For Treatment.** Pathway Mental Wellness may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, Pathway Mental Wellness may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** Pathway Mental Wellness may use and disclose your PHI so that claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the terms of Pathway Mental Wellness. For example, Pathway Mental Wellness may receive and maintain information about mental health care you received to enable Pathway Mental Wellness to process a claim for reimbursement of medical expenses incurred on your behalf.
- **For Health Care Operations.** Pathway Mental Wellness may use and disclose your PHI to enable it to operate or operate more efficiently. For example, Pathway Mental Wellness may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, Pathway Mental Wellness may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. Pathway Mental Wellness may remove information that identifies you from health information disclosed to outside sources so it may be used without outside source's learning who the specific participants are.
- **To Pathway Mental Wellness Staff.** Pathway Mental Wellness may disclose your PHI to designated medical personnel so they can carry out their clinical or administrative functions, including the uses and disclosures described in this notice. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law.
- **To a Business Associate.** Certain services are provided to Pathway Mental Wellness by third party administrators known as "business associates." For example, Pathway Mental Wellness may input information about your health care treatment into an electronic claims processing system maintained by the business associate so your claim may be paid. This process necessitates that Pathway Mental Wellness will disclose your PHI to its business associate so it can perform its claims payment function. However, Pathway Mental Wellness will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** Pathway Mental Wellness may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** Pathway Mental Wellness may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** Pathway Mental Wellness may disclose PHI to a close friend or family member involved in or who helps pay for your health care. Pathway Mental Wellness may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.

- **As Required by Law.** Pathway Mental Wellness will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.
- **To the Secretary of the Department of Health and Human Services (HHS).** Pathway Mental Wellness may disclose your PHI to HHS for the investigation or determination of compliance with privacy regulations.

### **Special Use and Disclosure Situations**

Pathway Mental Wellness may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, Pathway Mental Wellness may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** Pathway Mental Wellness may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- **Worker's Compensation.** Pathway Mental Wellness may disclose your PHI to the extent authorized by and to the extent necessary to comply with worker's compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, Pathway Mental Wellness may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** Pathway Mental Wellness may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** Pathway Mental Wellness may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** Pathway Mental Wellness may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, Pathway Mental Wellness may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** Pathway Mental Wellness may release your PHI to authorized federal officials: 1 for intelligence, counterintelligence, and other national security activities authorized by law and 2 to enable them to provide protection to the members of the U. S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are an organ donor, Pathway Mental Wellness may release medical information to organizations that handle organ

procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

- **Coroners, Medical Examiners, and Funeral Directors.** Pathway Mental Wellness may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. Pathway Mental Wellness may also release your PHI to a funeral director, as necessary, to carry out their duty.

#### Your Rights Regarding Your Health Information

Your rights regarding the health information Pathway Mental Wellness maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy or subjective history of the present illness sections of notes. To inspect and copy health information maintained by Pathway Mental Wellness, submit your request in writing to the plan administrator. Pathway Mental Wellness may charge a fee for the cost of preparing, copying, emailing, faxing, and/or mailing your request. In limited circumstances, Pathway Mental Wellness may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.
- **Right to Amend.** If you feel that the health information Pathway Mental Wellness has about you is incorrect or incomplete, you may ask to amend it. You have the right to request an amendment for as long as the information is kept by or for Pathway Mental Wellness. To request an amendment, send a detailed request in writing to the administrative staff. You must provide the reason(s) to support your request. Pathway Mental Wellness may deny your request if you ask to amend health information that was: accurate and complete, not created by Pathway Mental Wellness; not part of the health information kept by or for Pathway Mental Wellness; or not information that you would be permitted to inspect and copy.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that Pathway Mental Wellness have made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; disclosures made prior to this effective date; or in certain other situations. To request an accounting of disclosures, submit your request in writing to the administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.
- **Right to Request Restrictions.** You have the right to request a restriction on the health information Pathway Mental Wellness uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information Pathway Mental Wellness discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that Pathway Mental Wellness does not use or disclose information about a surgery you had. To request restrictions, make your request in writing to the plan administrator. You must advise us: What

information you want to limit; Whether you want to limit Pathway Mental Wellness' use, disclosure, or both; and to whom you want the limit(s) to apply.

**Note:** Pathway Mental Wellness is not required to agree to your request.

- **Right to Request Confidential Communications.** You have the right to request that Pathway Mental Wellness communicates with you about health matters in a certain way or at a certain location. For example, you can ask that Pathway Mental Wellness sends you an explanation of benefits (EOB form about your benefit claims to a specified address). To request this confidential communication, make your request in writing to the administration. Pathway Mental Wellness will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the administration to request a written copy of this notice at any time.

#### A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of their authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child. Pathway Mental Wellness retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.
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#### Changes To This Notice

Pathway Mental Wellness reserves the right to change this notice at any time and to make the revised or changed notice effective for health information Pathway Mental Wellness already has about you, as well as any information Pathway Mental Wellness receives in the future. Pathway Mental Wellness will post a copy of the current notice on the policies and procedure section of the company's website. Any revised version of this notice will be posted on [www.thepathwaygrp.org](http://www.thepathwaygrp.org) within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of Pathway Mental Wellness or other privacy practices stated in this notice.

#### Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the plan administrator at the address listed below. Alternatively, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington D.C. 20201), generally, within 180 days of when the act or omission complained of occurred. You will not be penalized or retaliated against for filing a complaint.

#### Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to Pathway Mental Wellness will be made only with your written authorization. If you authorize Pathway Mental Wellness to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, Pathway Mental Wellness will no longer use or disclose your PHI for the reasons covered by your written authorization; however, Pathway Mental Wellness will not reverse any uses or disclosures already made.

#### Referrals

The safety and quality of care of our clientele are Pathway Mental Wellness's two highest priorities. We reserve the right to refer clients to other medical or mental health professionals if we feel the services that our client requires are beyond our scope of practice or specialty. Referrals are routinely made to other providers for medical or mental health reasons and can extend to other providers, including psychiatrists, nurse practitioners, physician's assistants, social workers, and therapists. In the event that a referral results in a discharge from our care, Pathway Mental Wellness will assist in the process of transferring records to the new facility or provider to ensure a smooth transition.