



NOTICE OF PRIVACY PRACTICES OF PATHWAYS TO INDEPENDENCE

Updated: November 19, 2009

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.

This Notice describes the privacy practices of Pathways to Independence and all of its programs, including employees, volunteers, students and any other persons under its control.

Our Responsibilities

Our organization is required to maintain the privacy of your medical information and provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We will abide by the terms of this notice and notify you if we are unable to agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Your Individual Rights

Although your client record is the physical property of Pathways to Independence, the information in your record belongs to you. You have the following rights:

Request for Voluntary Restrictions. You have the right to request a restriction on how we use and disclose your medical information for treatment, payment, and health care operations, or to certain family members or close personal friends identified by you who are involved in your care or the payment of your care. We are not required to agree to your request and will notify you if we are unable to agree.

Access to Your Client Record and Medical Information. You may request to inspect and copy much of the information we maintain about you, with some exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary of your medical information, we will charge a fee to prepare the summary.

Amendment. You may request that we amend certain medical information that we keep in your record. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting (a listing) of certain disclosures of your medical information made by us or our business associates. Please note that an accounting will not apply to any of the following types of disclosures - disclosures made for reasons for treatment, payment, or health care operations, disclosures made to you or your legal representatives, or any other individual involved with your care, disclosures to correctional institutions or law enforcement officials, and disclosures for national security purposes. The first accounting in any 12 month period is free; you may be charged a fee for each subsequent accounting you request within the same 12 month period.

Confidential Communication. You may request that we communicate with you about your medical information in a certain way or at a certain location. We will attempt to accommodate all reasonable requests and if it specifies the alternate means or location.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Contact the Executive Director, our Privacy Officer for more information or to obtain request forms.

EFFECTIVE DATE OF INITIAL NOTICE: April 14, 2003

REVISED EFFECTIVE: November 19, 2009

About This Notice. We are required to follow the terms of the Notice currently in effect. We reserve the right to change our privacy practices and to make the new practices and provisions effective for all medical information that we maintain. Should our privacy practices change, we will post the changes on bulletin boards within program facilities. The revised Notice will also be posted on our web site at www.pathways2independence.com. You are entitled to receive this Notice in written form.

Understanding Your Client Record/Information

Each time you utilize a service and work with staff members, a record of the service provided is made. Typically, this record contains diagnoses, services provided, and a plan for future care or services. This information, often referred to as your client record, serves as:

- basis for planning your care; treatment, rehabilitation and support
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professions, including students
- a source of information for public health officials who oversee the delivery of health care
- a source of data for facility planning and marketing

- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding What Is In Your Record and How Your Medical Information Is Used To Help You:

- ensure its accuracy
- better understand who, what, when, where and why others may access your medical information
- make more informed decisions when authorizing disclosure to others.

How We Will Use or Disclose Your Medical Information

The following are the types of uses and disclosures we may make of your medical information without your permission. Medical information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

Treatment/Service Provision. We will use or disclose your medical information for the purpose of providing you with services, coordinating and consulting about your treatment and care with other health care providers, social service providers and making referrals for services and benefits that you need. This means that as we provide services and coordinate with other providers involved in your care, personal health care information will be disclosed. For example, information obtained by the Pathways to Independence team you are working with will be recorded in your record and used to plan your Individualized Support Plan with you, your physician and others of your choosing. We will also disclose your medical information to other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you request services from another agency, we will send protected information about you to the facility upon your request.

Payment. We will use or disclose your medical information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or to a third party payer, including Medicaid, Health and Human Services, Department of Education, and Department of Housing and Urban Development Supportive Housing Programs, St. Louis County Productive Living Board or the St. Louis Office for Developmental Disability Resources. The information on or accompanying the bill may include information that identifies you, as well

as your diagnosis and services provided. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

Health Care Operations. We will use or disclose your medical information for our health care operations. For example members of the staff, and/or members of the quality review team may use information in your client record to assess the services, outcomes and the performance of our staff in caring for you. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

Business Associate. There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" include our accountants and attorneys. We will use or disclose your medical information to our business associates so that they can perform the job we've asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

Appointment Reminders. We may contact you as a reminder that you have an appointment for upcoming events or services. If we are unable to reach you, then we may leave a message at the phone number provided us, such as on an answering machine.

Marketing/Treatment Alternatives. We may contact you to provide information about service provision, service alternatives or other health related benefits that may be of interest to you. We may also ask you to present your "story" as a part of a presentation for students, residents, new employee orientation, and external members of our community.

Fundraising. We may contact you as a part of a fundraising effort.

Identification/Listing. We may use your name, address, other contact information and interests for listing purposes or on a name tag to identify you within programs, on a community trip, birthday bulletin board listing, buzz book, ride share list, client lists on secured portions of our website and for similar uses or purposes, unless you notify us that you object.

Communication with Family. We may use or disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your personal belongings if you become ill while at an event.

Required by Law. We will use and disclose your medical information as required by federal, State or local law.

Public Health Activities. As required by law, we may use or disclose your medical information for public health activities. For example, to public health or legal authorities charged with preventing or controlling disease, injury, or disability, to appropriate authorities authorized to receive reports of abuse or neglect, or to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition. Other information that may be disclosed includes health information related to adverse events with respect to food, supplements, products and product defects or post marketing information to enable product recalls, repairs or replacements.

Abuse, Neglect or Domestic Violence. We may notify the appropriate authority if we believe a client has been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, we will only make this disclosure if you agree.

Health Oversight Activities. We may use or disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement. We may release certain medical information if asked to do so by law enforcement:

- As required by law, including reporting wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims' or the identity, description or location of the person who committed the crime.

Where limited by State or federal law, we will use and disclose your medical information within the limits of such law.

Transfer of information at death. We may disclose medical information to funeral directors, medical examiners, and coroners as necessary for them to carry out their duties.

Research. We may disclose information to researchers when certain conditions have been met.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution, resident of a commitment facility, or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

Worker's Compensation. We may disclose medical information about you as authorized by law for workers compensation or similar programs that provide benefits for work-related injuries or illness.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, use of an overhead paging system may be used to call you during the program and others in the building may hear your name called. We will make reasonable efforts to limit these incidental use and disclosures.

Prospective Employers. We may use and disclose your medical information in order to help you in choosing, obtaining and retaining a job in the community.

Disability Determination Reviews. We may use and disclose your medical information for the purpose of assisting the Social Security Administration and attorneys involved in your case in determining disability or continuing disability in seeking Social Security benefits and/or Supplemental Security Income.

Other Uses and Disclosures. Other uses and disclosures of your medical information not covered above will be made only with your written permission. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer, Craig Strohbeck at 314-863-0202 or 200 S. Hanley Road, Ste. 507, Clayton, MO 63105. If you believe that your privacy rights have been violated, you may file a complaint with us. Complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from any staff member and when completed, should be returned to 200 S. Hanley Road, Ste. 507, Clayton, MO 63105. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.