

# JOINT NOTICE OF PRIVACY PRACTICE

Pathway to Living®

**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.**

Pathway to Living® works with other practitioners in delivering services to you. The practitioners include doctors and other healthcare providers who are not part of our workforce. All of these practitioners will follow this Joint Notice of Privacy Practices in delivering service to you. These practitioners include: Home Health, Therapy, Hospice, Pharmacy, Mental Health, Dermatology, Podiatry, Audiology, Optometry, Laboratory and Diagnostic Testing Services.

We and the practitioners involved in your care create a medical record of your health information in order to treat you, receive payment for services delivered, and to comply with certain policies and laws. The uses and disclosures described in this Notice are applicable to this facility and all of the practitioners (collectively “we”) who are part of this Joint Notice of Privacy Practices while they are delivering services at this facility or on behalf of the facility. This Joint Notice does not apply to service providers who are not part of this facility when they deliver services elsewhere or only on their own behalf.

We are required by federal and state law to maintain the privacy of your PHI. We are also required by law to provide you with this Notice of our legal duties and privacy practices. In addition, the law requires us to ask you to sign an Acknowledgment that you received this Notice.

## **This is a list of some of the types of uses and disclosures of PHI that may occur:**

**Treatment:** We obtain medical information about you in treating you. This medical information is called “protected health information” or “PHI.” Your PHI is used by us to treat you. For example, we refer to PHI in treating you at the facility. We may also send your PHI to another physician or counselor to which we refer you for treatment. We may also use your PHI to contact you to tell you about alternative treatments, or other health-related benefits we offer. If you have a friend or family member involved in your care, we may give them PHI about you.

**Payment:** We use your PHI to obtain payment for the services that we render. For example, we send PHI to Medicaid, Medicare or your insurance plan to obtain payment for our services.

**Healthcare Operations:** We use your PHI for our operations. For example, we may use your PHI in determining whether we are giving adequate treatment to our clients. From time-to-time, we may use your PHI to contact you to remind you of an appointment.

**Legal Requirements:** We may use and disclose your PHI as required or authorized by law. For example, we may use or disclose your PHI for the following reasons:

**Public Health:** We may use and disclose your healthcare information to prevent or control disease, injury or disability, to report births and deaths, to report reactions to medicines or medical devices, to notify a person who may have been exposed to a disease, or to report suspected cases of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may use and disclose your PHI to state agencies and federal government authorities when required to do so. We may use and disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs. For example, we must give PHI to the Secretary of Health and Human Services in an investigation into our compliance with the federal privacy rule.

**Judicial and Administrative Proceedings:** We may use and disclose your PHI in judicial and administrative proceedings. Efforts may be made to contact you prior to a disclosure of your PHI by the party seeking the information.

**Law Enforcement:** We may use and disclose your PHI in order to comply with requests pursuant to a court order, warrant, subpoena, summons or similar process. We may use and disclose PHI to locate someone who is missing, to identify a crime victim, to report a death, to report criminal activity at our offices or in an emergency.

**Avert a Serious Threat to Health or Safety:** We may use or disclose your PHI to stop you or someone else from getting hurt.

**Immunizations:** We may release information regarding immunizations to a school or other facility with your permission.

**Work-Related Injuries:** We may use or disclose PHI to an employer if the employer is conducting medical workplace surveillance or to evaluate work-related injuries.

**Coroners, Medical Examiners and Funeral Directors:** We may use or disclose PHI to a coroner or medical examiner in some situations. For example, PHI may be needed to identify a deceased person or determine a cause of death. Funeral directors may need PHI to carry out their duties.

**Armed Forces:** We may use or disclose the PHI of Armed Forces personnel to the military for proper execution of a military mission. We may also use and disclose PHI to the Department of Veterans Affairs to determine eligibility for benefits.

**National Security and Intelligence:** We may use or disclose PHI to maintain the safety of the President or other protected officials. We may use or disclose PHI for the conduct of national intelligence activities.

**Correctional Institutions and Custodial Situations:** We may use or disclose PHI to correctional institutions or law enforcement custodians for the safety of individuals at the correctional institution, those that are responsible for transporting inmates and others.

**Research:** You will need to sign an Authorization form before we use or disclosure PHI for research purposes, except in limited situations. For example, if you want to participate in research or a clinical study, an Authorization form must be signed.

**Fundraising:** If we undertake any fundraising activities, we may contact you about the fundraising activity. You may opt out of receiving fundraising information. Instructions to do so will be provided if you make a request to opt out.

**Marketing:** We do not typically engage in marketing activities, and would need your authorization to do so.

**Sale of PHI:** We will not sell your PHI without your authorization.

**Illinois Law:** Illinois law also has certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, genetic information, your HIV/AIDS status, and alcohol or drug abuse treatment, you will be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

**Your Rights:** You have certain rights under federal privacy laws relating to your PHI. Some of these rights are described below:

**Restrictions:** You have a right to request restrictions on how your PHI is used for purposes of treatment, payment and healthcare operations. We are not required to agree to your request. We will agree to your restriction if you request that we not bill your health plan and you have paid for your services in full in advance.

**Communications:** You have a right to receive confidential communications about your PHI. For example, you may request that we only call you at home. If your request is reasonable, we will accommodate it.

**Inspect and Access:** You have a right to inspect the information used to make decisions about your care. This information includes billing and medical record information. You may not inspect your record in some cases. If your request to inspect your record is denied, we will send you a letter letting you know why and explaining your options.

You may copy your PHI in most situations. If you request a copy of your PHI, we may charge you a fee for making the copies and mailing them to you, if you ask us to mail them.

**Amendments of your Records:** If you believe there is an error in your PHI, you have a right to request that we amend your PHI. We are not required to agree with your request to amend.

**Accounting of Disclosures:** You have a right to receive an accounting of disclosures that we have made of your PHI for purposes other than treatment, payment and healthcare operations, or release made pursuant to your authorization.

**Breach:** If there is a breach affecting your unsecured PHI, we will notify you.

**Copy of Notice:** You have a right to obtain a paper copy of this Notice, even if you originally received the Notice electronically. We have also posted this Notice at the facility offices and on our website PathwaySL.com.

**Complaints:** If you feel that your privacy rights have been violated, you may file a complaint with the facility by calling our **Privacy Officer at 847-768-5140**. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, DC if you feel your privacy rights have been violated.

We maintain a facility directory so that if family or friends ask us about your condition, we can tell them general information and the fact that you are here. If you do not want us to tell anyone you are here, please tell us now.

We are required to abide by the terms of the Notice currently in effect; however, we may change this Notice.

If we materially change this Notice, you can get a revised Notice on our website at PathwaySL.com, or by stopping by the business office to pick up a copy. Changes to the Notice are applicable to the health information we already have.

If we seek help from individuals or entities who are not part of this Notice in our treatment, payment or healthcare operations activities, we will require those persons to follow this Notice unless they are already required by law to follow the federal privacy rule.

**EFFECTIVE DATE: April 29, 2019**



**ACKNOWLEDGMENT**  
**Receipt of Joint Notice of Privacy Practices**  
**Effective April 29, 2019**

I hereby acknowledge that I received a copy of the "Joint Notice of Privacy Practices" from Pathway to Living®.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Check if any of the following apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Parent or Guardian of Minor                      | <input type="checkbox"/> Healthcare Surrogate                                 |
| <input type="checkbox"/> Power of Attorney for Healthcare                 | <input type="checkbox"/> Mental Health Treatment Preference Declaration Agent |
| <input type="checkbox"/> Guardian with Power to Make Healthcare Decisions |   |