



**PATHWAYS YOUTH AND FAMILY SERVICES, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**(Effective: April 14, 2003)**

**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.**

Pathways Youth & Family Services, Inc. (Pathways) provides many types of services and programs. Agency staff must collect information about you to provide these services. We know that information we collect about you and your health is private. Federal and state laws require us to protect the information we collect. We call this information "protected health information" or "PHI". This may include any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; or (3) the past, present, or future payment of your health care.

This Notice of Privacy Practices tells you how Pathways may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. The Agency is required to follow the terms of the notice currently in effect according to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have any questions please contact the person(s) listed at the end of this notice.

## **Your Privacy Rights**

The law gives you the right to:

### **See and Get Copies of Your Records**

In most cases, individuals ages 18 or older, have the right to look at or get copies of your records. Minors, ages 14 or older, must have the written permission from their Managing Conservator to request copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.

### **Right to Request to Correct or Update Your Records**

You may ask Pathways to change or add missing information to your records if you think

there is a mistake. You must make the request in writing and provide a reason for your request.

### **Right to Get a List of Disclosures**

You have the right to ask Pathways for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

### **Right to Request Limits on Uses or Disclosures of PHI**

You have the right to ask Pathways to limit how your information is used or disclosed. You must make the request in writing and specify what information you want to limit and to whom you want the limits to apply. Pathways is not required to agree to the restriction. You can request that the restrictions be terminated. A request to terminate a restriction may be communicated to Pathways either in writing or verbally.

### **Right to Revoke Permission**

If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

### **Right to Choose How We Communicate With You**

You have the right to ask Pathways to share information with you in a certain way or in a certain place. For example, you may ask Pathways to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

### **Right to File a Complaint**

You have the right to file a complaint if you do not agree with how Pathways has used or disclosed information about you.

### **Right to Get a Paper Copy of this Notice**

You have the right to ask for a paper copy of this notice at any time.



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**How Pathways Uses and Discloses Health Information that Identifies You**

**For Treatment**

Pathways may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

**Appointments and Other Health Information**

Pathways may send you reminders for medical care or checkups or information concerning health services that may be of interest to you.

**For Payment**

Pathways may use or disclose information to obtain payment or to pay for the health care services you receive. For example, Pathways may provide protected health information to your health plan in order to bill your health plan for health care services provided to you.

**For Health Care Operations**

Pathways may use or disclose information in order to manage its programs and activities. For example, Pathways may use protected health information to review the quality of services you receive.

**For Contractors**

Pathways may disclose health information about you to an Agency contractor if the contractor:

- 1) Needs the information to perform services for the Agency; and
- 2) Agrees to protect the privacy of the information

**For Eligibility**

Pathways may use your protected health information to determine eligibility for and/or the level of assistance for programs operated by Pathways, such as: Medicaid, Children's Health Insurance Program (CHIP), Low Income Families (LIF) Program, homemaker services, home health services, and personal care services.

**For Health Oversight Activities** Pathways may use or disclose information to inspect or investigate health care providers.

**As Required by Law and For Law Enforcement**

Pathways will use and disclose information when required or permitted by federal or state law or by a court order.

**For Government Programs**

Pathways may use and disclose information for public benefits under other government programs. For example, Pathways may disclose information for the determination of Supplemental Security Income (SSI) benefits.

**For Abuse Reports and Investigations**

Pathways is required by law to receive and investigate reports of abuse.

**To Avoid Harm**

Pathways may disclose protected health information to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

**For Research**

Pathways may use information for studies and to develop reports. Any studies or reports prepared for research purposes would not identify specific people.

**Disclosures to Family, Friends, and Others**

Pathways may disclose information to your family or other individuals involved in your medical care. You have the right to object to the sharing of this information.

**To Recover Amounts Owed to the State or Federal Government**

Pathways may disclose information to other third-party payment sources for the purposes of recovering amounts owed to the state or federal government as a result of overpayments or over issuances of program benefits.

***Please note: If you are being treated for alcohol or drug abuse, Pathways will not disclose this information without your written permission. We will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law.***



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### **Uses and Disclosures Requiring Your Written Authorization**

For other situations, Pathways will request your written authorization before using or disclosing protected health information. You may cancel this authorization at any time in writing. Pathways cannot take back any uses or disclosures already made with your authorization.

### **How to Contact Pathways to Review, Correct, or Limit Your Protected Health Information**

You may contact your local Pathways' Privacy Officer to:

- Ask to look at or copy your records
- Ask to correct or change your records
- Ask to limit how information about you is used or disclosed
- Ask for a list of the times Pathways disclosed information about you
- Ask to cancel your authorization

Pathways may deny your request to look at, copy, or change your records. If Pathways denies your request, we will send you a letter informing you why your request was denied and how you can request a review of the denial. You will also receive information about how to file a complaint with Pathways or with the U.S. Department of Health and Human Services, Office for Civil Rights.

### **For More Information**

If you have any questions about this notice or need more information, please contact any Pathways staff member or the Pathways' Privacy Officer.

### **Additional Information**

In the future, Pathways may make changes to the Notice of Privacy Practices. Any changes will apply to information Pathways already has, as well as any information Pathways may receive in the future. A copy of new notices will be posted at each Pathways office location as well as on our Internet website [www.pathway.org](http://www.pathway.org) and provided as required by law. You may ask for a copy of the current notice any time you visit a Pathways office.

### **How to File a Complaint or Report a Problem**

You may contact any of the following offices if you would like to file a complaint or report a problem with how Pathways used or disclosed information about you. Your benefits will not be affected by any complaints you make. Pathways cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

#### **Pathways Youth & Family Services, Inc.**

Dan Johnson, Executive Director  
PO Box 689  
Leakey, TX 78873  
Phone: (830) 232-6590  
Fax: (830) 232-6522  
Email: [dan@pathway.org](mailto:dan@pathway.org)

#### **Office for Civil Rights**

Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, HHH Building,  
Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748  
TTY: 886-788-4989  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

#### **Pathways Youth & Family Services, Inc.**

HIPAA Privacy Officer  
4243 E. Piedras, Suite 100  
Beaumont Building  
San Antonio, TX 78229  
Phone: (210) 733-7117  
Fax: (210) 733-7118  
Email: [HIPAA@pathway.org](mailto:HIPAA@pathway.org)