



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.

## Notice of Privacy Practices

*Pathways Consulting of Kenosha, LLC is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with Notice of its legal duties and privacy practices. Federal and state laws as well as our own professional ethics act as guidelines in accomplishing this task. Because the rules are so complicated, some parts of the Notice are quite detailed and you may have to read them more than once or ask for assistance to completely understand them. If you have any questions, our Privacy Officer will be happy to assist you. The name of our Privacy Officer is at the end of this Notice.*

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### **A. Introduction - To Our Clients**

This notice will tell you about how we handle information about you. It tells you how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Because this law and the laws of this state are very complicated and we don't want to make you read a lot that may not apply to you, we have simplified some parts. If you have any

questions or if you want to know more about anything in this Notice, please feel free to ask our Privacy Officer for further clarification or details.

## **B. What we mean by your medical information**

Each time you visit us or any doctor's office, hospital, clinic, or any other "healthcare provider" information is collected about you and your physical and mental health. It may be information about your past, present or future health or conditions, or the treatment or other services you got from us or from others, or about payment for healthcare. The information we collect from you is called, in the law, PHI which stands for **Protected Health Information**. This information goes into your **medical or healthcare record** or file at this office or any other healthcare provider's office. In this office protected health information is likely to include these kinds of information.

- # You're history, as a child, in school and at work, and marital and personal history.
- # Reasons you came for treatment. Your problems, complaints, symptoms, needs, goals.
- # Diagnoses. Diagnoses are the medical terms for your problems or symptoms.
- # A treatment plan. These are the treatments and other services which we think will best help you.
- # Progress notes. Each time you come in we write down some things about how you are doing, what we observe about you, and what you tell us.
- # Records we get from others who treated you or evaluated you.
- # Psychological test scores, school records, etc.
- # Information about medications you took or are taking.
- # Legal matters
- # Billing and insurance information
- # Psychotherapy notes

This list is just to give you an idea and there may be other kinds of information that may go into your healthcare record here.

We use this information for many purposes. For example, we may use it:

- # To plan your care and treatment.
- # To decide how well our treatments are working for you.
- # When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- # To show that you actually received the services from us which we billed to you or to your health insurance company.
- # For teaching and training other healthcare providers.
- # For medical or psychological research
- # For public health officials trying to improve health care in this country.
- # To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You can inspect, read, or review it. If you want a

copy we can make one for you but may charge you for the costs of copying (and mailing if you want it mailed to you). In some very unusual situations you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or something important is missing you can ask us to amend (add information to) your record although in some rare situations we don't have to agree to do that. Our Privacy Officer, whose name is at the end of this Notice, can explain more about this.

### **C. Privacy and the laws about privacy**

The HIPAA law requires us to keep your protected health information private and to give you this notice of our legal duties and our privacy practices which is called the **Notice of Privacy Practices** or **NPP**. We will obey the rules of this notice as long as it is in effect but if we change it the rules of the new Notice of Privacy Practices will apply to all the PHI we keep. If we change this Notice of Privacy Practices, we will post the new Notice in our office where everyone can see. You or anyone else can get a copy from our Privacy Officer at any time.

### **D. How your protected health information can be used and shared**

When your information is read by your therapist or others in this office that is called, in the law **"Use."** If the information is shared with or sent to others outside this office that is called, in the law, **"disclosure."** Except in some special circumstances, when we use your protected health information here or disclose it to others we share only the **minimum necessary** needed for the purpose. The law gives you rights to know about your protected health information, how it is used and to have a say in how it is disclosed and so we will tell you more about what we do with your information.

We use and disclose protected health information for several reasons. Mainly, we will use and disclose (share) it for routine purposes and we will explain more about these below. For other uses we must tell you about it and have a signed Authorization Form unless the law lets or requires us to make the use or disclosure without your authorization. However, the law also says that we are allowed to make some uses and disclosures without your consent or authorization.

#### **1. Uses and disclosures of protected health information in healthcare with your consent.**

After you have read this Notice, you will be asked to sign a separate **Consent Form** to allow us to use and share your protected health information. In almost all cases we intend to use your PHI here at Pathways Consulting LLC, or share it with other people or organizations that provide **treatment** to you, arrange for **payment** for our services, or some other business functions called health care **operations**. Together these routine purposes are called **Treatment, Payment, and Operations (TPO)** disclosures and the Consent Form you sign allows us to use and disclose your Protected Health Information for these purposes. Reread that last sentence until it is clear because it is very important.

**a. For treatment, payment or health care operations**

We need information about you and your condition to provide care to you. You have to agree to let us collect the information and to use it and share it as necessary to care for you properly. Therefore, you must sign the Consent Form before we begin to treat you because if you do not agree to consent we cannot treat you.

When you come to see us, several people in our office may collect information about you and all of it may go into your healthcare records here. Generally, we may use or disclose healthcare operations. Let's see what these are about.

***For Treatment***

We may use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services. Treatment also includes the coordination or management of your health care with a third party that *has already obtained your permission* to have access to your protected health information. For example, we would disclose protected health information, as necessary, to your doctor if he or she had already obtained your authorization to obtain that information. In addition, a state certified clinic such as ours has a mandate to consult with the supervising psychiatrist or psychologist after your initial assessment to review and approve your diagnosis and initial treatment plan. Following this initial review additional reviews of ongoing treatment are conducted on a regularly scheduled basis.

***For payment***

We may use your information to bill you, your insurance company, or others in order to be paid for the treatment we provide to you. We may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them the date you began treatment, your progress, and other similar things.

***Other health care operations***

There are some other ways we may use or disclose your protected health information which are called health care operations. For example, we may use your protected health information to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.

**b. Other uses in healthcare**

***Appointment Reminders.*** We may use and disclose medical information to reschedule or remind you of an appointment for treatment or other care. If you want us to call or write to you only at your home or work or if you prefer some other way to reach you, we usually can arrange that. Just tell us.

***Treatment Alternatives.*** We may use and disclose your protected health information to tell you about or recommend possible treatments or alternatives that may be of interest to you. For example, we may mail a brochure about educational workshops we are offering. You may request that this information not be sent.

***Other Benefits and Services.*** We may use and disclose your protected health information to tell you about health-related benefits or services that may be of interest to you. For example your name and address may be used to send you a newsletter about our practice and the services we offer. However, you may request that these materials not be sent to you.

***Research.*** We may use or share your information to do research to improve treatments. For example, comparing two treatments for the same disorder to see which works better or faster or costs less. In all cases your name, address and other information that reveals who you are will be removed from the information that is given.

***Business associates.*** There are some jobs we hire other businesses to do for us. They are called our Business Associates in the law. Examples may include our billing services, answering service etc. These business associates need to receive some of your Protected health information to do their job properly. To protect your privacy they have agreed in their contract with us to safeguard your information.

**2. Uses and disclosures requiring your Authorization**

If we want to use your information for any purpose beside the treatment, payment or operations, or those items we described above, we need your permission on an **Authorization Form**. We don't expect to occur very often.

If you do authorize us to use or disclose your protected health information, you can cancel that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we initially agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

**3. Uses and disclosures of protected health information from mental health records Not requiring Consent or Authorization**

The law allows us to use and disclose some of your protected health information without your consent or authorization in some cases.

### ***When Required by Law***

There are some federal, state, or local laws which require us to disclose protected health information.

- # We have to report suspected child abuse or neglect
- # If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your Protected health information. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- # We have to release (disclose) some information to the government agencies that check on us to see that we are obeying the privacy laws.

### ***For Law Enforcement Purposes***

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

### ***For Public Health Activities***

We might disclose some of your protected health information to agencies that investigate diseases or injuries.

### ***For Specific Government Functions***

We may disclose protected health information of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities, if you are an inmate, and for national security reasons.

### ***To Prevent a Serious Threat to Health or Safety***

If we come to believe that there is a serious threat to your health or safety, or that of another person, or the public we can disclose some of your protected health information.

We will work with the police, sheriff's department, and other community agencies to assist you, or the person or persons who may be in danger. In all circumstances we will act in accordance with our "duty to warn."

## **4. Uses and Disclosures Requiring You to Have an Opportunity to Object**

Information about you may be shared with your family, or close others, if they are helping to take care of you, or helping you pay your medical bills. You have the right to object to such disclosure and you may agree or disagree orally to such release, unless there is an emergency. If there is an emergency, and we cannot ask if you disagree, we can share information if we believe that it is what you would have wanted, and if we believe it will help you if we do share it. If we do share information we will tell you as soon as we can. If you don't approve, we will stop, as long as it is not against the law.

**Note: Except for the situations listed above, we must obtain your specific written authorization for any other release of your protected health information.**

If you sign an authorization form, you may withdraw your authorization at any time, as long as

your withdrawal is in writing. If you wish to withdraw your authorization please submit your written withdrawal to Sharon O'Brien, Privacy Officer here at Pathways Consulting LLC.

## **5. An Accounting of Disclosures**

When we disclose your protected health information we keep some records of whom we sent it to, when we sent it, and what we sent. You can get a list of many of these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

## **E. If You Have Questions or Problems**

If you need more information or have questions about the privacy practices described above please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your protected health information has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer who is:

Lora Reinders, Clinic Director  
Pathways Consulting of Kenosha, LLC  
4633 Washington Rd. Kenosha, WI, 53144 Phone: 262-652-7222