



Treatment Foster Care
and Family-Based Services

PATH, Inc.

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION
MAY BE USED AND DISCLOSED AND HOW YOU CAN
GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

PATH, Inc. is required by law to maintain the privacy of your protected health information and to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. Protected health information is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

PATH, Inc. is required to follow the terms of this Notice. We will not use or disclose your health information without your written authorization, except as described or permitted by this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by law and the new Notice effective for all health information that we maintain, including health information we created or received before we made the changes. The revised Notice will be provided to you upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of the Notice, please contact us using the information provided at the end of this Notice.

USES AND DISCLOSURE OF HEALTH INFORMATION

We use and disclose health information about you for different purposes including treatment, payment and healthcare operations.

Treatment: We may use or disclose your health information to provide and coordinate the treatment, medications and services you receive. For example, members of your treatment team will receive information as discussed during your treatment planning process.

Payment: We may use or disclose your health information to obtain payment for services we provide to you. For example, health plans may request identifying information as well as information about your diagnosis and treatment for payment purposes.

Healthcare Operations: We may use or disclose your health information for operational, administrative or quality improvement activities. For example, social workers periodically review the case records of their peers as one method of ensuring the continuous quality improvement of the services we provide. We may also disclose health information to business associates of PATH, Inc. if they need to receive this information to provide a service for us and if they also agree to these specific privacy rules.

PATH, Inc. may also use or disclose your health information for the following purposes:

To People involved in your care or payment for your care: We may disclose to a family member, friend or any other person you identify, your health information that is directly relevant to that person's involvement in your care or payment related to your care.

PATH, Inc. Notice of Privacy Practices ... continued

Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose your health information to the extent authorized and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a subpoena or court order.

As Required by Law: We may disclose your health information when required to do so by federal, state or local law.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information request.

Research: We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors: We may release your health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors consistent with the applicable law to enable them to carry out their duties.

Organ or Tissue Procurement Organizations: We may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Notification: We may use or disclose your health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, regarding your location and general condition.

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

Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

National Security, Intelligence Activities and Protective Services for the President and Others: We may release health information about you to federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.

Victims of Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe you are a victim of abuse, neglect, domestic violence or other crimes. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Other Uses and Disclosures of Protected Health Information: We will obtain your written authorization before using or disclosing your health information for purposes other than those provided for above, or otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHTS

Right to obtain a paper copy of the Notice upon request: You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at any PATH office or from the Privacy Office.

Right to request a restriction on certain uses and disclosures: You have the right to request additional restrictions on our use or disclosure of your health information by sending a written request to the Privacy Officer. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required or which are necessary to administer this agency.

Right to inspect and obtain a copy of your health information: In most cases, you have the right to access and copy the health information we maintain about you. To inspect or copy your health information, you must send a written request to the Privacy Officer. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.

Right to request an amendment to your health information: If you feel the health information we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Officer. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.

Right to receive an accounting of disclosures of health information: You have a right to receive an accounting of the disclosures we have made of your health information after June 16th, 2003, for most purposes other than treatment, payment or health care operations. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To request an accounting, you must submit a request in writing to the privacy officer. Your request must specify the time period. The time period may not be longer than six years and may not include dates before June 16th, 2003.

Right to Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or alternative locations. To request confidential communication of your health information, you must submit this request in writing to the Privacy Officer. Your request must specify how or where you would like to be contacted. We will accommodate all reasonable requests.

Where to obtain forms for submitting written requests: You may obtain forms for submitting requests from any PATH office or by contacting the Privacy Officer. You can also visit www.pathinc.org to obtain these forms.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about PATH, Inc.'s privacy practices, you may contact our Privacy Officer at the address listed below. If you feel that your rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. You can also file a complaint through www.pathinc.org, which will then be forwarded to the Privacy Officer. We support your right to the privacy of your health information. There will be no retaliation for filing a complaint.

Privacy Officer
PATH, Inc.
2324 University Avenue West
Suite 120
St. Paul, MN 55114-1843
651-642-5376
Toll Free: 1-877-264-7284
Fax: 651-641-0452
www.pathinc.org

Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue SW
Room 509F, Building HHH
Washington, DC 20201
202- 619-0257
Toll Free: 1-877-696-6775

EFFECTIVE DATE: This Notice is effective June 16, 2003.

