

Pathways Home Health & Hospice NOTICE OF PRIVACY PRACTICES

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.

As a patient receiving health services and care, we understand you may be concerned about how your medical and other health-related information may be handled. That is why we, as an organization, are committed to ensuring patient privacy and confidentiality for you and others that we serve.

USE AND DISCLOSURE OF HEALTH INFORMATION

Pathways Home Health & Hospice may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Pathways Home Health & Hospice has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. Pathways may use your health information to coordinate care within Pathways and with others involved in your care, such as your attending physician, members of the care team and other health care professionals who have agreed to assist Pathways in coordinating care. Some examples include providing physicians involved in your care with information about your symptoms in order to prescribe appropriate medications or treatment; disclosing your health care information to individuals involved in your care and outside of Pathways including family members, pharmacists, suppliers of medical equipment, or other health care professionals; to an interpreter if using the professional interpreting service line.

To Obtain Payment. Pathways may include your health information in invoices to collect payment from third parties for the care you receive from Pathways. For example, Pathways may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Pathways. Pathways also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for the services that will be provided to you. We will only disclose that Protected Health Information which is minimally necessary to ensure proper and timely payment of claims.

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To Conduct Health Care Operations. Pathways may use and disclose health information for its own purposes in order to facilitate the operations of Pathways and as necessary to provide quality care to all of Pathways' patients. Some examples of health care operations includes activities such as: quality assessment and improvement activities; activities designed to improve health care; protocol development, case management and care coordination; professional review and performance evaluation; training programs including those in which students, trainees or practitioners in health care learn under supervision; training of non-health care professionals; accreditation, certification, licensing or credentialing activities; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; business planning and development including cost management.

For Appointment Reminders And Information On Treatment Alternatives. Pathways may use and/or disclose your Protected Health information, as appropriate, for appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services.

For Fundraising Activities. To the extent permitted by the Privacy Rules, Pathways may use demographic information such as your name, address, phone number and the dates you received care in order to send newsletters and fundraising information to you or your family. If you do not want Pathways to contact you or your family, notify the Privacy Officer in the administrative offices in Sunnyvale at 1-800-789-8055 and indicate that you do not wish to be contacted.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

The law permits us to use or disclose Protected Health Information for specific purposes where we are not required to obtain your advance written Consent or Authorization. Whenever doing so, we are committed to make sure that we meet the necessary prerequisites before using/disclosing your Protected Health Information and to not use or disclose more of your Protected Health Information than is required or permitted under the law.

Emergency circumstances may dictate our need to use and/or disclose Protected Health Information without obtaining a Consent or Authorization to properly treat and care for patients. In other cases, the law emphasizes society's need for disclosing Protected Health Information, without first requiring patients to sign a Consent or Authorization. Following are some examples of these types of disclosures: When legally required; for health oversight purposes; for FDA related purposes; for certain public health and safety purposes; for funeral/funeral director purposes; for judicial or administrative proceedings in response to a properly executed request such as a subpoena or other lawful process; for purposes of facilitating organ, eye and tissue donations to organ procurement organizations; for coroner/medical examiner purposes;

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to assist victims of abuse, neglect or domestic violence; for worker's compensation or similar programs; to properly assist law enforcement to carry out their duties; to facilitate specific government functions relating to military, veterans, national security, intelligence activities, protective services for the President and others high ranking officials; to correctional institutions/law enforcement officials acting in a custodial capacity; under very select circumstances for research purposes and then only after an extensive approval process.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Pathways will not disclose your health information other than with your written authorization. If you or your representative authorizes Pathways to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Pathways maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Pathways disclosure of your health information to someone who is involved in your care or the payment of your care. However, Pathways is not required to agree to your request. If you wish to make a request for restrictions, contact the Privacy Officer. Please see Contact Information at the end of this Notice.

Right to receive confidential communications. You have the right to request that Pathways communicate with you in a certain way. For example, you may ask that Pathways only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications please notify your case manager and put your request in writing. Pathways will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Privacy Officer. See Contact Information at the end of this Notice. If you request a copy of your health information, Pathways may charge a reasonable fee for copying and assembling costs associated with your request.

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Right to amend health care information. You or your representative have the right to request that Pathways amend (but not obliterate or totally remove documentation) your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Pathways. A request for an amendment of records must be made in writing to the Privacy Officer. See Contact Information at the end of this Notice. Pathways may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Pathways, if the records you are requesting are not part of Pathways' records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Pathways, the records containing your health information are accurate and complete. When the original documentation is used or disclosed, the "amendment" will accompany any released copies of your records.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by Pathways for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer. See Contact Information at the end of this Notice. The request should specify the time period for the accounting. Accounting requests are limited to six years prior to the date of the request and may not extend further back than April 14, 2003. Pathways would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer. See Contact Information at the end of this Notice. The patient or a patient's representative may also obtain a copy of the current version of Pathways' Notice of Privacy Practices at its website, www.pathwayshealth.org.

DUTIES OF Pathways Home Health & Hospice

Pathways is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Pathways is required to abide by the terms of this Notice as may be amended from time to time. Pathways reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it

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maintains. If Pathways changes its Notice, Pathways will provide a copy of the revised Notice to you or your appointed representative while you are receiving services from us. You or your personal representative have the right to express complaints to Pathways. To register a complaint with us, contact the Privacy Officer. Please see Contact Information at the end of this Notice.

Pathways Home Health & Hospice provides privacy training for all current and new employees and volunteers who have contact with protected health information. We apply appropriate sanctions against any staff member who violates the organization's privacy practices.

If you believe we have not been attentive and have violated your privacy rights, you have the right to contact the United States Department of Health and Human Services about us as follows: Medical Privacy, Complaint Division, Office of Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201; Voice Hotline Number (800) 368-1019; Internet Address www.hhs.gov/ocr.

CONTACT INFORMATION

Privacy Officer
585 North Mary Avenue
Sunnyvale, CA 94085
1-800-789-8055

Pathways encourages you to express any concerns you may have regarding the privacy of your information. It is against our policies and procedures to retaliate against any patient or representative who has filed a privacy complaint, either with us or with the Department of Health and Human Services.

EFFECTIVE DATE

This Notice is effective April 14, 2003.