

## Pathways to Wellness Privacy Policy

**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 upholds the highest standards of patient confidentiality and privacy. During treatment, we must have the ability to confer with primary physicians and other practitioners in order to provide the highest quality integrative service and care. In receiving payment for our services, we may have to disclose medical information to insurance companies or public health agencies.

Additionally, we may be permitted or required to disclose protected health information without the client's written consent or authorization. Some of these purposes include: appropriate and subpoenaed law enforcement needs, emergency circumstances, limited public health needs, research in limited situations, subpoenaed judicial proceedings, and activities related to national defense and security.

All other uses and disclosures of health information will be made only with our client's written authorization. The client may revoke such authorization at any time. These are your rights as a client:

1. You have the right to request restrictions on certain uses and disclosures of protected health information. Pathways is not required to agree to the restrictions and you may decide to go elsewhere for your healthcare.
2. You have the right to receive confidential communications of protected health information about you.
3. You have the right to inspect and copy protected health information about you.
4. You have the right to amend protected health information.
5. You have the right to receive an accounting of disclosures of protected health information.
6. You have a right to receive a paper copy of this notice upon request.

Pathways has additional duties and responsibilities as follows:

1. We are required by law to maintain the privacy of protected health individuals and provide individuals with notice of our legal duties and private practices with respect to protected health information.
2. We are required to abide by the terms of the notice that is currently in effect.

3. We reserve the right to change the terms of this notice and make new notice provisions effective for all protected health information that we maintain. We are required to notify clients of any changes and dates of change.

Complaints. Clients may report to our agency and/or to the Secretary of Health and Human Services if they believe that their privacy rights have been violated. Clients may contact Privacy officer and Clinical Supervisor at 617-859-3036 ext 0 or Executive Director Kristen Porter at 617-859-3036 ext 23 to file a complaint with the agency. Additionally, the client may contact the federal Department of Health and Human Services to file a complaint. **Policy is effective April 14, 2003.**

### **Consent for Record Review**

Pathways is committed to provide the best quality of care which requires routine record review by senior managers. Our funders also require that we collect demographic data to show our commitment to offering care to all communities. Therefore, we maintain a secure password and firewall-protected client database that includes demographic and clinical data collected from clinical files, such as age, ethnicity, primary complaint, gender and other health and medical data. This is combined with other client data to form statistical averages and ranges. Pathways follows standard clinical procedure and federal guidelines to protect client privacy.

**It is our pledge that any published research or compiled data will not contain identifying information about any individual.**

The name of the person authorized to conduct research at this clinic is Research Director, Beth Sommers. Ms. Sommers is responsible for design of studies upon the database and is responsible for maintenance and security of the database. There is no expiration date or expiration event of client information contained in the database. The patient has a right to formally revoke his or her authorization to be part of the database and research thereon. The patient may do this by writing, dating and signing a request to be removed from the database and mailing or delivering to Beth Sommers, 1601 Washington Street, 3<sup>rd</sup> Floor, Boston, MA 02118. It is understood by the client that revoking authorization to be part of the database may affect third party payments to the clinic from funders or insurers and may thus affect the client's payment options.

It is understood that once collated information is disclosed to a third party or made public, it may not be possible for the client to revoke authorization to disclosure. The client may inspect a copy of the protected health information to be used or disclosed.