



PATHWAYS
C E N T E R

ORIENTATION PACKET



Non-Intensive Outpatient Services

Outpatient Service Locations

<p>Carroll County Outpatient 153 Independence Drive Carrollton, GA 30116 Office: 770-836-6678 Hours: Monday- Friday 7:30am-6:00pm</p>	<p>Heard County Outpatient 1206 Franklin Parkway Franklin, GA 30217 Office: 706-675-6399 Hours: Monday- Friday 7:30am-6:00pm</p>
<p>Troup County Outpatient 122 Gordon Commercial Drive LaGrange, GA 30240 Office: 706-845-4054 Hours: Monday- Friday 7:30am-6:00pm</p>	<p>Spalding County Outpatient 1710 Georgia Hwy 16 West Griffin, GA 30223 Office: 770-229-3407 Hours: Monday- Friday 7:30am-6:00pm</p>
<p>Coweta County Outpatient 59 Hospital Road Newnan, GA 30263 Office: 678-423-4610 Hours: Monday- Friday 7:30am-6:00pm</p>	



Welcome to Pathways Center. Pathways is delighted that you have chosen to allow us to be your provider of mental health and/or substance abuse services. Pathways Center provides an array of outpatient and specialty services to meet the needs of the communities it serves. (For a complete listing of all Pathways locations and services you may request a Pathways Center brochure or visit our website at www.pathwayscsb.org.) We take pride in accompanying you on your journey to resiliency and recovery. As we begin our work together, here are a few things that you should be aware of:

Treatment Planning and Service Requests: You will be an active participant in your resiliency and recovery. Your treatment will be driven by your goals, strengths, needs, abilities and preferences. With your cooperation, a Pathways Center clinician will complete an initial assessment to identify your needs and make initial treatment recommendations. Your goals and desires for treatment should be shared with your clinician. You and your clinician will agree to a mix of services that will meet your needs. You will be asked to review and sign your treatment plan which will outline what these services are and how they will help you meet your goals. Once you agree to the treatment plan, your clinician may make referrals to various programs and services on your behalf, according to the treatment plan.

Your treatment plan can be reviewed with your clinician and/or treatment team at any time during the course of your treatment. At a minimum, your treatment plan will be reviewed and updated annually. You can request changes in the types and frequency of services received.

Psychiatric Treatment Appointments

Your scheduled appointments with Pathways Center's medical staff are critical to your care. Failure to keep the initial appointment with your physician within the first 30 days of your treatment may impact our ability to serve you.

To better accommodate the needs of our clients, psychiatric treatment appointments are scheduled according to a "Just-in-Time" model. This means that your appointment is scheduled within 5-7 days of when you need to see the physician. Instead of receiving your follow-up psychiatric treatment appointments at check-out, you will be given a will call card containing a recommended date for you to contact Pathways Center to schedule your psychiatric treatment appointment.

In addition to scheduled appointments, each clinic will have designated walk-in hours for psychiatric treatment. The number of clients that can be seen during these times is limited. Days and times vary per clinic.

“No Shows” and Failed Appointments

If you are unable to keep your scheduled appointment, Pathways Center encourages you to call your local clinic and reschedule and/or cancel your appointment.

Notification of your inability to attend your scheduled appointment must be given no later than 24 business hours prior to your scheduled appointment. If less than 24 hours notice is provided or if you fail to notify the clinic at all, you will be considered a “No Show”. If you have two “No Shows” within a 90 day period, you will forfeit your ability to schedule appointments. You will receive services on a walk-in basis only.

Your scheduling ability may be reinstated once you have completed three services within 90 day period. *Please Note: Psychiatric treatment appointments, which may include both a physician’s service and a nursing service, are considered one service for the purpose of this policy.*

Medication Refills

Clients must be assessed face-to-face by a physician to receive prescriptions. Pathways Center does not call-in medications due to missed / failed appointments.

Affiliations

Pathways is affiliated with Your Town Health to increase coordination of medical care for consumers who do not have insurance with medical needs.

Transition and Discharge

At the onset of services, your clinician should discuss with your preliminary plans for transition and/or discharge from services. Once you have made significant progress as identified in your treatment plan and preliminary transition/discharge plan, your service provider, clinician or treatment team will begin to talk to you about next steps. If appropriate, your service provider, clinician or treatment team may make referrals on your behalf, in accordance with your transition or discharge plan. At the time of transition or discharge, a written transition or discharge summary will be completed outlining your current status, progress made, and next steps.

Within six months of your discharge from all of Pathways Center’s programs and services, you may be contacted by Pathways Center. We would like to follow-up with you to see how you are doing and to get feedback from you on how we can improve our services.

Client Satisfaction and Feedback

Your thoughts, ideas, and opinions about our services are valuable to Pathways Center. You may periodically be asked to provide feedback through a survey or other means. However, you may request a survey form from the receptionist at any time or send new ideas to the Performance Improvement Committee at pic@pathwayscsb.org.



CODE OF ETHICS

Pathways Center holds its staff accountable to an exacting code of ethics. These ethics guide the organization and its employees in the conduct of professional, personal, business, clinical, marketing practices, and conflicts of interest.

Professional Responsibilities

Staff will be held accountable to an exacting code of professional ethics. Staff is to conduct themselves in compliance with the State of Georgia Code for Government Service, Rules of the State Personnel Board, Pathways Center policies defining standards of conduct, as well as expectations defined in this Corporate Compliance and Professional Ethics document.

Human Resources

In general, the organization is not concerned with non-work time of employees. Off-duty conduct becomes a legitimate concern when it effects the employee's ability to perform and fulfill their job responsibilities, when it negatively effects the organization's operations, or when it reflects unfavorably on the organization.

Business Practices

Pathways Center will conduct its business operations using generally accepted business practices and procedures. The organization will follow all mandated practices outlined in any contractual arrangements agreed to in the provision of services. Board members and staff will refrain from participating in activities that are in conflict with or give the appearance of being in conflict with their affiliation with Pathways Center services. Collection of fees and revenues will be done according to generally accepted business practices. Persons served are to be charged only for the billable services that are actually received. Persons served are also entitled to an itemized statement of all such charges incurred.

Marketing Practices

The organization will conduct its marketing practices in accordance with truthful advertising of services and with the intent to portray the agency in an honest, accurate manner. The agency will attempt to promote access to services for consumers by publicizing the locations and services available to the citizens that it serves. Pathways Center will be factual in its description of its programs, outcomes, staff credentials, and accreditation status in advertising of its services.

Service Delivery

It is the intent of Pathways Center to conduct its clinical practices in line with those treatments considered "best practices". Pathways Center does not allow clinicians to perform treatments unless they are trained and thoroughly experienced in those techniques. Pathways Center does primary source verification of all educational degrees and licenses of its medical and professional clinical staff. The National Practitioner Data Bank for physicians and professional clinical staff is queried to determine if there are adverse actions reported concerning candidates for employment.

As covered employees of the Georgia State Personnel Administration all employees are subjected to a pre-employment drug test and a criminal records check as a condition of employment. These actions are designed to prevent the delegation of substantial discretionary authority to individuals who have a propensity to engage in illegal activities.

Clinical practices are conducted with a commitment to serving the best interest of each individual who presents themselves for treatment, and take seriously every tenet of the professional obligation to serve those in need.

Conflict of Interest

Employees will not engage in outside activities which may enhance themselves financially as a result of knowledge, information, or action taken in their official capacity as an employee of Pathways Center.

Any accusation of violation of the organization's code of ethics can be handled by contacting the Ethics and Corporate Compliance Officer 706-298-7854. The Ethics and Corporate Compliance Officer will assure that a timely, thorough investigation of the allegation occurs in accordance with Pathways Center Policy.

PATHWAYS CENTER'S PRINCIPLES FOR RECOVERY

Recovery is defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”. The following are the 10 guiding principles of recovery:

1. Hope
2. Person- driven
3. Many pathways
4. Holistic
5. Peer Support
6. Relational
7. Culture
8. Addresses trauma
9. Strengths/responsibility
10. Respect

As implemented in the Veterans Health Administration recovery, the recovery principles also include the following:

- Privacy
- Security
- Honor

SUMMARY OF CLIENT'S RIGHTS IN COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITY AND ADDICTIVE DISEASE PROGRAMS

When you receive services in a community mental health, developmental disability, and/or addictive program, your rights are protected by the Rules and Regulations contained in Chapter 290-4-9. A full copy of the Rules is available to you at the program where you are served. Below is a simplified outline of those rights and others available to you. The Rules and Regulations describe any limitation to these rights and other provisions which may apply and should be consulted when there is a dispute or question regarding any of these rights.

Your rights include:

If you want to know more about your rights, a full copy of the Regulations is available to you on request. A summary of the Client's Rights Complaint process is reviewed on the other side of this page.

- The right to reasonable access to care, treatment and services regardless of race, spiritual beliefs, gender, sexual orientation, ethnicity, age, social economic status, language or disability.
- The right to personal dignity.
- The right to care, treatment, and services that is considerate and respectful of the personal values and beliefs of the individual served.
- The right to be informed of the program rules.
- The right to informed participation in decisions regarding care, treatment, and services.
- The right to participate in care, and service planning in keeping with the wishes of the individual served and the right to information important in a timely manner to help in decision making.
- This right is applied to children and youth as appropriate to their age, maturity and clinical condition and the right of the family of individuals served, with the client's consent to participate in such planning. (Psychiatric Advance Directives, Living Will, or Durable Power of Attorney for Healthcare)

- The right to individualized care, treatment, and services, including that is responsive to each individuals unique characteristics, strengths, needs, abilities and preferences including:
 - Adequate and humane services regardless of the sources of financial support;
 - Provision of services within the least restrictive environment possible;
 - An Individualized Recovery/Resiliency Plan or Treatment Plan;
 - Periodic review of the individualized treatment plan;
 - An adequate number of competent qualified and experienced staff to supervise and carry out the individualized service plan.
- The right to participate in the consideration of ethical issues that arise in the provision of care, treatment and services, including:
 - Resolving conflict including an investigation of alleged infringements of rights and resolution;
 - Participating in investigational studies or clinical trials, including adherence to all guidelines and ethics.
- The right to personal privacy and confidentiality of protected health information under the Health Insurance Portability and Accessibility Act (HIPAA) that include:
 - The right to receive Notice of Privacy Practices;
 - The right to access clinical records;
 - The right to request amendment to clinical records;
 - The right to request restriction on communications;
 - The right to request confidential communications;
 - The right to accounting of disclosures;
 - The right to file a complaint.
- The right to designate an agent to assist in decision making if the individual served is incapable of understanding proposed care, treatment, and services or is unable to communicate his or her wishes regarding treatment, care and services.
(Psychiatric Advance Directives)
- The right of individuals served and their families to be informed of their rights in a language that they understand. The right to refuse medication or care, treatment, and services to the extent permitted by law.
- The right to be free of neglect, verbal abuse, physical abuse, sexual abuse, psychological abuse, financial or other exploitation, humiliation, retaliation, corporal punishment, fear, and /or denial of nutritionally adequate care and basic needs such as clothing, shelter, rest of sleep.
- The right to see the licensing report completed by the Department of Human Services.
- The right to the methods used to obtain authorization for services.
- The right to access referral or legal entities and to access self help and advocacy and support services.
- The right to file a complaint and appeal either through Pathways or directly to DBHDD. Pathways encourages individuals to utilize the Pathways Complaint and Appeal process to resolve issues.

As an individual receiving services at Pathways Center, you have the following Responsibilities:

- Give us all the facts about the problems you want help with and bring a list of all other doctors providing care for you and tell us about any other problems you are getting treatment for.
- Follow your person-centered plan once you have agreed to it.
- Keep all appointments or call 24 hours before an appointment if you cannot come in.
- If you receive medicine from us, bring in your medicine bottles and all others you have from other doctors.
- If you have Medicaid or Medicare, bring in your card each time you come for an appointment
- Let us know about changes in your name, insurance, address, telephone number or your finances.
- Payment for client responsibility must be paid at the time of service as determined in the insurance verification process and/ or payment agreement. Should you need to establish a payment agreement please let us know.
- Treat staff and other consumers with respect and consideration.
- Follow the rules of the program where you receive services.
- Let us know when you have a suggestion, comment or complaint so we can help you find an answer to the problem.
- Respect the confidentiality and privacy of other consumers.
- Be very involved in developing and reviewing your person-centered plan.
- Ask for information about your problems.
- Talk to your case manager, counselor or doctor and others on your planning team often about your needs, preferences and goals and how you think you are doing at meeting your goals.

SUMMARY OF CLIENT’S RIGHTS COMPLAINT PROCESS

Any consumer (or guardian or parent if a minor), or representative, or any staff member may file a complaint alleging that a client’s rights or human rights have been violated. A simplified outline of that process is provided below. You may choose to use the Pathways Center process or you may directly contact the Department of Behavioral Health and Development Disabilities Constituent Services and file a complaint with them. The full procedure appears in the Rules and Regulations on Client’s Rights (Chapter 290-4-9) and is available to you on request.

Option 1: Pathways Center Process:

Step 1

You should file your complaint with the Pathways Center Client’s Rights Subcommittee. A form for this complaint is available on request, though you may also make your complaint by telephone or in person.

The Clients’ Rights Subcommittee will act on your complaint within seven (7) working days. You will be notified in writing of the action taken.

Step 2

If your complaint is not resolved to your satisfaction, you may file a written request for a review of your complaint by Pathways Center Executive Director. This request must be filed within fifteen (15) working days from the date of your request and you will be informed of the outcome.

Step 3

If you are not satisfied with the decision of the Executive Director, you may appeal this decision within ten (10) working days to the Regional Board’s Regional Coordinator. The Regional Board’s Regional Coordinator will issue a decision in writing within ten (10) working days.

Step 4

If you remain dissatisfied after a review by the Regional Board’s Regional Coordinator, you may, within ten (10) working days, request a further review by the Director of the Division of Mental Health, Developmental Disability and Addictive Diseases. The Division Director’s decision, which must be issued in writing within ten (10) working days (14 days if the case is returned to the Regional Board’s Regional Coordinator for further proceedings), will be final.

Option 2: Department of Behavioral Health and Developmental Disabilities.

If you choose you may file an initial complaint or grievance to the DBHDD Office of Constituent Services at 404-657-5964 (phone), or email at DBHDDConstituentServices@dbhdd.ga.gov or online at <https://dbhddapps.dbhdd.ga.gov/intakeform/>. Individuals receiving substance abuse treatment or receiving services in a community living arrangement, personal care home or receiving private home care services may also contact the Department of Community Health’s Healthcare Facility Regulation division 1-800-878-6442 or online at <http://dch.georgia.gov>.

Pathways Center Client’s Rights Committee	52 Perry Street, Newnan, GA 30263	Phone (678) 854-2145	Email: complaints@pathwayscsb.org
DBHDD Office of Constituent Services	2 Peachtree Street, NW, Suite 24-473 Atlanta, GA 30303	Phone: 404-657-5964	Email: DBHDDConstituentServices@dbhdd.ga.gov
DBHDD Office of Constituent Services			Electronic Submission: https://dbhddapps.dbhdd.ga.gov/intakeform
Department of Community Health – Healthcare Facility Regulations	2 Peachtree St, NW Atlanta, GA 30303	Phone: 1- 800-878-6442 Phone: 404-657- 5726	



NOTICE OF PRIVACY PRACTICES
Pathways Center for Behavioral and Developmental Growth
52 Perry Street
Newnan, GA 30263

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.

If you have any questions about this Privacy Notice, please contact our Privacy officer at 706-845-4045.

I. Introduction

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information. "Protected Health Information" means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II. How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. Uses and Disclosures for Treatment, Payment and Operations

1. **For Treatment.** We will use and disclosure your health information without your authorization to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other staff (including clinicians other than your counselor or principal clinician), who work at Pathways Center. For example, our staff may discuss your care at a case staffing. In addition, we may disclose your health information without your authorization to another health care provider (e.g., your primary care physician or a laboratory) working outside of Pathways Center for purposes of your treatment.
2. **For Payment.** We may use or disclose your health information without your authorization so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:
 - a. making a determination of eligibility or coverage for health insurance;
 - b. reviewing your services to determine if they were medically necessary;
 - c. reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
 - d. reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care. (For example, your health plan may ask us to share your health information in order to determine if the plan will approve additional visits to your therapist.)

We may also disclose your health information to another health care provider so that provider can bill you for services they provided to you, for example, an ambulance service that transported you to the hospital.

3. **For Health Care Operations.** We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our staff, training student interns, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of many of our consumers to decide what additional services we should offer, what services are no longer needed, and whether certain treatments are effective. We may also provide your health information to other health care providers or to your health plan to assist them in performing certain of their own health care operations. We will do so only if you have or have had a relationship with the other provider or health plan. For example, we may provide information about you to your health plan to assist them in their quality assurance activities. We may also use and disclose your health information to contact you to remind you of your appointment. Finally, we may use and disclose your health information to inform you about possible treatment options or alternatives that may be of interest to you.
4. **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Privacy Officer in writing at 52 Perry Street, Newnan, GA 30263. Please state clearly that you do not want to receive materials about health-related benefits or services.
5. **Fundraising Activities.** We may use or disclose health information about you to contact you about raising money for our programs, services and operations. If you do not want us to contact you for fundraising purposes,

you must notify the Privacy Officer in writing at 52 Perry Street, Newnan, GA 30263. Please state clearly that you do not want to receive any fundraising solicitations from us.

B. Uses and Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object.

Persons Involved in Your Care. We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care. In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- a person designated to participate in your care in accordance with an advance directive validly executed under state law,
- your guardian or other fiduciary if one has been appointed by a court, or
- if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.

1. **Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.
2. **Research.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information.
3. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
4. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
5. **Organ and Tissue Donation.** If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
6. **Public Health Activities.** We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:
 - report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - report vital events such as birth or death;
 - conduct public health surveillance or investigations;
 - report child abuse or neglect;
 - report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
 - notify consumers about FDA-initiated product recalls;
 - notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
 - notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.
7. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.
8. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when we receive a subpoena for your health information. We will not provide this information in response to a subpoena without your authorization if the request is for records of a federally-assisted substance abuse program.
9. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
 - a court order, subpoena, warrant, summons or similar process requires us to do so; or
 - the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
 - we report a death that we believe may be the result of criminal conduct; or
 - we report criminal conduct occurring on the premises of our facility; or
 - we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or

- the disclosure is otherwise required by law.
 - We may also disclose health information about a consumer who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:
 - the law enforcement official represents to us that (i) the victim is not the subject of the investigation and (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and we determine that the disclosure is in the victim's best interest.
2. **Medical Examiners or Funeral Directors.** We may provide health information about our consumers to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our consumers to funeral directors as necessary to carry out their duties.
 3. **Military and Veterans.** If you a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.
 4. **National Security and Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.
 5. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.
 6. **Workers' Compensation.** We may disclose health information about you to comply with the state's Workers' Compensation Law.

III. Uses and Disclosures of Your Health Information with Your Permission.

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

IV. Your Rights Regarding Your Health Information.

Your Rights Regarding Your Health Information.

A. Right to Inspect and Copy.

- You have the right to request an opportunity to inspect or obtain a copy of your protected health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records. Psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, or that which is subject to a federal or state law prohibiting access may not be inspected.
- You have the right to request that Pathways Center transmit a copy of your protected health information directly to another person.
- You have the right to specify the desired format in which you would like to access your protected health information. If your protected health information is not readily producible in such form or format, a readable hard copy form or such other format agreed upon between you and Pathways Center will be provided.

You must submit your request in writing to our Privacy Officer at 52 Perry Street, Newnan, GA 30263. If this request is to have your protected health information sent to another person, the written request must specify the designated person to receive the information and the location to which the information should be sent. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

- B. **Right to Amend.** For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records. To request an amendment, you must submit a written document to our Privacy Officer at 52 Perry Street, Newnan, GA 30263 and tell us why you believe the information is incorrect or inaccurate. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written

statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

- C. Right to an Accounting of Disclosures.** You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of treatment, payment, and health care operations. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at 52 Perry Street, Newnan, GA 30263 . For your convenience, you may submit your request on a form called a "Request for Accounting," which you may obtain from our Privacy Officer. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003. The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.
- D. Right to Request Restrictions.** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. This includes honoring your requests to restrict the disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations that is not otherwise required by law and the protected health information pertains solely to a service for which you or a person other than the health plan has paid Pathways 52 Perry Street, Newnan, GA 30263 s Center in full. To request a restriction, you must request the restriction in writing addressed to the Privacy Officer at 52 Perry Street, Newnan, GA 30263 . The Privacy Officer will ask you to sign a request for restriction form, which you should complete and return to the Privacy Officer. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.
- E. Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must make your request in writing to the Privacy Officer at 52 Perry Street, Newnan, GA 30263. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.
- F. Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact our Privacy Officer at 52 Perry Street, Newnan, GA 30263.

V. Confidentiality of Substance Abuse Records

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our privacy officer at 52 Perry Street, Newnan, GA 30263 (706-845-4045). All complaints must be submitted in writing.

Our Privacy Officer will assist you with writing your complaint if you request such assistance. We will not retaliate against you for filing a complaint.

VII. Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at www.pathwayscsb.org or by calling us at 706-845-4045 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

Privacy Officer: Quality Assurance and Compliance Director (706-845-4045)

OFFICE OF DISABILITY SERVICES OMBUDSMAN

270 Washington Street
8th Floor, Suite 8087
Atlanta, GA 30334

Your safety

Your well-being

Your rights

The mission of the Office of Disability Services Ombudsman is to promote the safety, well-being, and rights of individuals with disabilities.

**Contact information for the
Office of Disability Services Ombudsman:**

Phone: (404) 656-4261

Toll Free: 1-(866)-424-7577

Website: www.odso.georgia.gov

Email us: odso@georgia.gov

Authority of the Ombudsman: O.C.G.A 37-2-35



Office of the Disability Services Ombudsman

Brian P. Kemp
Governor

Corinna Magelund
Ombudsman and Olmstead Coordinator

How to File a Disability Services Complaint

This procedure complies with Georgia Code that requires the disability services ombudsman to distribute a written notice describing the procedure to follow in making a complaint.

- Service providers shall give this notice to each individual with a disability who receives disability services from such services provider and the consumer's guardian, parent of a minor consumer, or health care agent, if any, upon first providing such disability services.
- The administrator or person in charge of such services provider shall also post this notice in conspicuous public places in the facility, premises, or property in which disability services are provided.
- When appropriate, this notice shall be provided to the parent of a minor with a disability, the individual with disability's guardian, or the health care agent of the individual with disability if the health care agent is authorized to make such a decision and the individual with disability is unable to do so,

The Disability Services Ombudsman is responsible for investigating and making reports and recommendations concerning any act or failure to act by any services provider with respect to the safety, well-being, and rights of individuals with disabilities.

If you feel that you have been discriminated against, your safety and/or well-being are at risk, or your rights have been violated, contact the Disability Services Ombudsman. Please be prepared to provide the following information:

- Your full name, address, and telephone number, and the name of the individual with disability.
- The name of the individual, organization, institution, or business that the complaint is against.
- A description of the act or acts, the date or dates, and the name or names of individuals who the complaint is against.
- Other information you believe necessary to support your complaint.

Sign and send your complaint to this address:

Office of the Disability Services Ombudsman
270 Washington Street Suite
8087 Atlanta, Georgia 30334

— or —

Call: (404) 656-4261

The Office of the Disability Services Ombudsman will consider and/or investigate your complaint and inform you of its action. Each complaint will be determined to be resolved or unresolved. ODSO will retain a record of all complaints. Complaints will be summarized in the required biennial report. Personal identifying information will not be included in the biennial report.

Resolution of the complaint:

- a. Resolved: If you and the ODSO staff jointly agree to a resolution of your complaint, the complaint will be closed. The ODSO will retain a summary of the facts, a description how the complaint was resolved, the timeframe to resolve your complaint, and the date you agreed to the resolution of the complaint.
- b. Unresolved: If you and the ODSO staff cannot agree to a resolution of your complaint, the case will be closed with comment. The comment will include the summary of the facts, a description of why the complaint could not be resolved, the timeframe to resolve your complaint, and the date you were notified that the complaint was determined as unresolved.

Questions regarding this procedure may be presented to the Office of Disability Services Ombudsman: (404) 656-4261.

Confidentiality Notice

Information relating to a complaint or related forms, including any attachments, are for the sole use of the staff in the Office of the Disability Services Ombudsman and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution may be a violation of 45CFR, Part 160, and Subparts A and E of Part 164, The Privacy Rule (HIPAA) or other federal and/or state confidentiality laws. If you obtain any information regarding an ODSO action, please contact this office immediately (404-656-4261).



FOR YOUR SAFETY

Pathways Center is dedicated to providing the individuals that it serves quality services in an environment that is clean, safe and free from hazards. The following guidelines have been established to help keep you safe while on Pathways Center's premises:

1. Smoking is allowed only in the designated smoking areas.
2. Individuals should refrain from having in their possession alcohol, illegal substances, illicit drugs, or weapons. If such items are discovered, the individual will be asked to either relinquish the item or immediately leave the premises.
3. Nonviolent crisis intervention is utilized as a protective measure in emergencies to prevent injury to individuals on Pathways Center's premises who are of imminent danger to themselves or others.

Occasional fire, natural disaster, and emergency medical drills will be facilitated to keep Pathways Center Staff and the individuals served prepared for emergency situations.

If you have any questions regarding Pathways Center's safety policies and practices, feel free to bring it to the attention of a Pathways Center Staff.

tion; (3) You do not want any life-sustaining procedures except as you specifically indicate in the form, and you can choose to receive artificial nourishment and/or hydration, a ventilator and/or CPR. No matter which of the three options you choose, you may also provide additional treatment preferences on the form.

Can my health care agent make decisions regarding my treatment in a terminal condition or state of permanent unconsciousness?

Unless you provide otherwise in your ADHC, the treatment preferences expressed in your ADHC are ineffective so long as you have a health care agent who is available and willing to make decisions on your behalf regarding the withholding or withdrawal of life-sustaining procedures and/or the provision of nourishment or hydration. However, your health care agent is required to take any treatment preferences expressed in your ADHC into account when making decisions about your health care.

Am I required to express my treatment preferences for a terminal condition or state of permanent unconsciousness in my ADHC?

You are not required to express treatment preferences for a terminal condition or state of permanent unconsciousness in an ADHC. If you wish, you may use an ADHC only to appoint a health care agent.

Is my health care provider required to honor my ADHC?

If your health care provider receives your ADHC, your health care provider has the responsibility to enter the ADHC in your medical records, to grant your health care agent adequate access to you, to consult with your health care agent, to comply with the decisions of your health care agent and to give your health care agent the same right to examine and copy your medical records that you would have. A health care provider who fails or refuses to comply with your treatment preferences regarding the withholding or withdrawal of life-sustaining procedures and/or the provision of nourishment or hydration must advise your health care agent (if you have one) or your next of kin or guardian and, if directed to do so, must allow you to be transferred to another physician who will comply with your treatment preferences.

What effect does my marriage or divorce have on my ADHC?

Unless you provide otherwise in your ADHC, if you get married after executing an ADHC, the marriage revokes the designation of anyone other than your spouse as your health care agent. And unless you provide otherwise in your ADHC, if you get divorced after executing an ADHC, the divorce revokes the designation of your former spouse as your health care agent.

What is the difference between an ADHC and a durable power of attorney for health care?

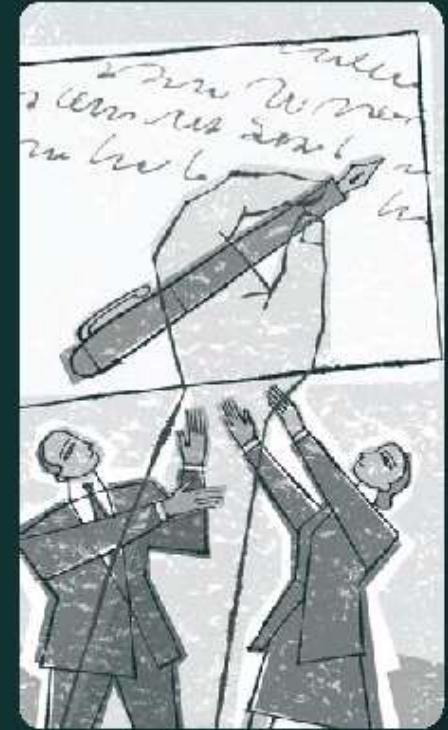
Georgia law used to provide for the appointment of a health care agent in a document called a durable power of attorney for health care. Since 2007, the ADHC has replaced the durable power of attorney for health care in Georgia. Your durable power of attorney for health care executed under the old law remains effective, but it would be a good idea for you to replace it with an ADHC.

What is the difference between an ADHC and a living will?

Georgia law used to provide for the declaration of treatment preferences for a terminal condition and state of permanent unconsciousness in a document called a living will. Since 2007, the ADHC has replaced the living will in Georgia. Your living will executed under the old law remains effective, but it would be a good idea for you to replace it with an ADHC.

What is a guardian?

A court will appoint a guardian for you if the court finds that you are not able to make significant responsible decisions for yourself regarding your personal support, safety or welfare. A court will appoint the person nominated by you if the court finds that the appointment will serve your best interest and welfare. In an ADHC, you may nominate a person to serve as your guardian in the event a court decides that a guardian should be appointed. You may (but are not required to) nominate your health care agent to be your guardian. A guardian does not have the power to manage your property or financial affairs.



This pamphlet was prepared by the Fiduciary Law Section of the State Bar of Georgia as a public service. It is not intended to be a comprehensive statement of law. Its purpose is to inform, not to advise on any specific legal problem. If you have specific questions regarding any matter contained in this pamphlet, you are encouraged to consult an attorney.

Advance Directive for Health Care

Consumer Pamphlet Series

 **State Bar
of Georgia**

State Bar of Georgia
104 Marietta St. NW, Suite 100
Atlanta, GA 30303-2743
404-527-8700
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www.gabar.org

6/09

 **State Bar
of Georgia**

Foreword

You have the right to control all aspects of your personal care and medical treatment, including the right to insist upon medical treatment or direct that medical treatment be withheld or withdrawn. If you cannot (or do not want to) communicate your health care decisions for yourself, you have the right to choose someone to make health care decisions for you. You also have the right to state your treatment preferences if you have a terminal condition or are in a state of permanent unconsciousness.

The Georgia Advance Directive for Health Care Act gives you an opportunity to choose someone to make health care decisions on your behalf and to make a clear expression of your decisions regarding health care if you are in a terminal condition or state of permanent unconsciousness by executing an advance directive for health care.

What is an advance directive for health care?

An advance directive for health care (ADHC) is a legal document in which you (1) appoint your health care agent, and/or (2) direct the withholding or withdrawal of life-sustaining procedures and/or the provision of nourishment or hydration if you are in a terminal condition or a state of permanent unconsciousness. (Since 2007, the ADHC has replaced the legal documents called durable power of attorney for health care and living will in Georgia.)

Is any particular form of ADHC required?

You may use any form of ADHC that complies with Georgia law. However, the law provides a standard form of ADHC that will be treated as complying with Georgia law if it is properly executed. An attorney can provide you a form of ADHC and help you understand it, complete it and properly execute it. An ADHC must be in writing, signed by you, and attested and signed by two adult witnesses. You may revoke or amend your ADHC at any time.

Who may execute an ADHC?

Any adult who is of sound mind may execute an ADHC.

What is a health care agent?

A health care agent is a person appointed by you in an ADHC to act on your behalf to make decisions related to the consent to, refusal of or withdrawal of any type of health care. A health care agent may also be given the authority to make decisions related to autopsy, anatomical

gifts and the final disposition of your body after your death. A physician or health care provider who is directly involved in your care may not be your health care agent.

What is meant by health care?

Health care means any care, treatment, service or procedure to maintain, diagnose, treat or provide for your physical or mental health or personal care.

What powers does my health care agent have?

Your health care agent will make health care decisions for you only when you are unable to communicate your health care decisions or you choose to have your health care agent communicate your health care decisions. Your health care agent will have the same authority to make any health care decision that you could make. The health care agent's authority includes the power to admit you to or discharge you from any hospital, skilled nursing facility, hospice or other health care facility or service; the power to request, consent to, withhold or withdraw any kind of health care; and the power to contract for any health care facility or service for you and to obligate you to make arrangements for these services. Your health care agent may accompany you in an ambulance and may visit or consult with you in person while you are in a hospital, skilled nursing facility, hospice or other health care facility. If you choose, your health care agent will also have the power to authorize an autopsy of your body after your death, make a disposition of all or any part of your body for medical purposes and make decisions about the final disposition of your body.

Does my health care agent have access to medical records?

Your health care agent will be your personal representative for all purposes of federal or state laws relating to privacy of medical records and will have the same access to your medical records that you have and can disclose the contents of your medical records to others for your ongoing health care.

How does my health care agent make decisions?

When making health care decisions for you, your health care agent should think about what action would be consistent with past conversations the two of you have had, your treatment preferences as expressed in your ADHC, your religious and other beliefs and values and how you

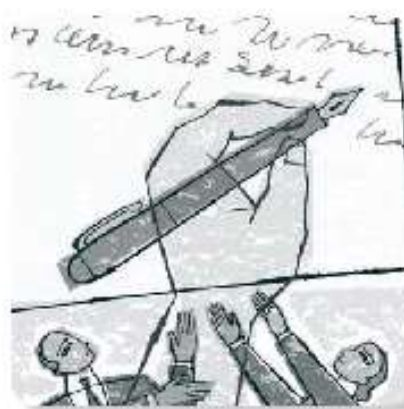
have handled medical and other important issues in the past. If what you would decide is still unclear, then your health care agent should make decisions for you that your agent believes are in your best interest, considering the benefits, burdens and risks of your current circumstances and treatment options.

Am I required to appoint a health care agent in my ADHC?

You are not required to appoint a health care agent in an ADHC. If you wish, you may use an ADHC only to express your treatment preferences if you have a terminal condition or are in a state of permanent unconsciousness.

How do I express my treatment preferences for a terminal condition or state of permanent unconsciousness in my ADHC?

In an ADHC you may express your treatment preferences for either or both of two conditions: if you are in a terminal condition or if you are in a state of permanent unconsciousness. Your condition will be determined in writing by your attending physician and a second physician in accordance with currently accepted medical standards. Your treatment preferences in your ADHC will be followed only if you can no longer communicate your treatment preferences after appropriate efforts have been made to communicate with you



about your treatment preferences. Treatment preferences are your decisions as to the withholding or withdrawal of life-sustaining procedures and/or the provision of nourishment and hydration (nutrition and fluids).

What is a terminal condition?

A terminal condition is an incurable or irreversible condition which would result in your death in a relatively short period of time.

What is a state of permanent unconsciousness?

A state of permanent unconsciousness is an incurable or irreversible condition in which you are not aware of yourself or your environment and in which you show no behavioral response to your environment.

What are life-sustaining procedures?

Life-sustaining procedures are medications, machines or other medical procedures which, when applied to you in a terminal condition or state of permanent unconsciousness, could in reasonable medical judgment keep you alive but cannot cure you and where, in the judgment of the attending physician and a second physician, your death will occur without such procedures or interventions. Life-sustaining procedures do not include administration of medication to alleviate pain or the performance of any medical procedures deemed necessary to alleviate pain. Life-sustaining procedures also do not include the provision of nourishment or hydration (nutrition and fluids), but you may direct the withholding or withdrawal of nourishment or hydration in an ADHC.

What are my options for treatment preferences for a terminal condition or state of permanent unconsciousness?

The form of ADHC provided by the law allows you to express any one of three preferences for treatment if you are in a terminal condition or state of permanent unconsciousness: (1) Try to extend your life as much as possible, using all life-sustaining procedures, and if you are unable to receive nourishment or hydration (nutrition and fluids) by mouth, then you want to receive artificial nourishment or hydration (by tube or other medical means); (2) Allow your natural death to occur; you do not want any life-sustaining procedures or artificial nourishment or hydra-