



**Pathways Care Campus  
Parent/Guardian Handbook  
Child & Adolescent Crisis Stabilization Unit**

**78 Hospital Road  
Newnan, GA 30263**  
Phone: 678-854-6083  
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[www.pathwayscsb.org](http://www.pathwayscsb.org)

## MISSION

Pathways Center provides services that are family centered, culturally and consumer responsive, and that lead to empowerment, self-sufficiency, and an improved quality of life for persons affected by serious and persistent mental, developmental, and behavioral changes.

## VISION

We are a team of unique individuals caring deeply about each other and those we serve. Integrity and respect are our highest values. We empower consumers to take charge of their lives and accomplish their dreams. We spearhead a powerful community to continuously improve health, quality of life, and satisfaction.



## WHAT CAN YOU EXPECT?

**Hours of Operation:** The C&A CSU operates 24 hours a day, 7 days a week.

**Treatment Array:** The following services may be provided, as needed, to assist you in this time of crisis:

- Crisis Assessment (Clinical, Nursing, and/or Psychiatric)
- Crisis Intervention Services (Individual Therapy, Group Therapy, Skill-building)
- Case Management (Treatment referrals, Linkage to Community Resources)
- Youth and Parent Peer Support Services
- Detoxification Services
- Symptom Management
- Discharge Planning
- Educational Services in coordination with the local school district

**Treatment and Support Team:** Care Campus C&A CSU is staffed by a multi-disciplinary treatment and support team which includes the following:

- Licensed Clinicians
- Registered Nurses and Licensed Practical Nurses
- Physicians and/or Nurse Practitioners/Advanced Practice Nurses/Physician Assistants
- Trained Paraprofessionals
- Case Managers
- Certified Peer Specialist- Parent
- Certified Peer Specialist- Youth

**Length of Service:** The purpose of the C&A CSU is to assess and stabilize the child or adolescent so they can return to their natural environment as clinically appropriate. This typically takes three to ten days. However, your child's length of stay will depend on his/her individual needs.

**Discharge Planning and Referrals:** Successful crisis stabilization rarely occurs in isolation from a child's support system. With your input, your child's treatment team will outline next steps which will assist in the stabilization of the current crisis and link you to appropriate treatment and community resources to avert future crises. Upon discharge your child will have at a minimum a safety plan and a referral to an appropriate behavioral health or substance abuse treatment provider.

### **Client Satisfaction and Feedback**

Your thoughts, ideas, and opinions about our services are valuable to Pathways Center. At the conclusion of your child's treatment, you and members of your support team will be given the opportunity to complete a survey asking about your level of satisfaction with the services that your child has received while at Care Campus C&A CSU. You may request a survey form at any time or send new ideas to the Performance Improvement Committee at [pic@pathwayscsb.org](mailto:pic@pathwayscsb.org).

# INFORMATIONAL PROGRAM POLICIES & PROCEDURES

## INDIVIDUALS TO BE SERVED

Admissions to Pathways C&A CSU are based on set criteria. Individuals must be between the ages of 5 to 17 and are admitted on either an involuntary or voluntary basis as defined below:

Involuntary Admission: Admission criteria include a mental illness as manifested by a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life and;

- 1) A substantial risk of imminent harm to self or others, as manifested by either recent overt acts or recent expressed threats of violence which present a probability of physical injury to self or other s, or
- 2) The child/adolescent is so unable to care for his/her own physical health and safety so as to create an imminently life endangering crisis; and
- 3) The child/adolescent is in need of involuntary individual stabilization.

Voluntary Admission: The child/adolescent must show evidence of mental illness, there is a parent/guardian who is willing and capable of signing a voluntary application and the Crisis Stabilization Program has services available for his/her primary disability.

Residential detoxification services offered within the C & A CSU shall not exceed services described in the ASAM Level 3.7 in the Adolescent Criteria Section of the current American Society for Addiction Medicine Patient Placement Criteria (ASAM).



## FREQUENTLY ASKED QUESTIONS:

### **What happens when my child arrives at the program?**

Your child will be greeted and introduced to a Registered Nurse (RN). The RN will complete a nurse assessment which includes taking his/her vital signs, checking for identifying marks or injuries that might need medical attention and making sure their medical condition is conducive to treatment at the CSU. Your child will be asked to change clothes for this assessment as clothing will be provided for compliance with safety measures.

### **What types of professionals will be helping my child?**

Your child's treatment team will consist of the following individuals:

**Psychiatrist:** Your child's psychiatrist will review the clinical information provided by the face to face assessment with the nurse at the facility and will give orders to the RN to provide for his/her immediate care. Your child will meet with the psychiatrist within 24 hours of admission for a comprehensive psychiatric evaluation. Following this assessment, the psychiatrist will also contact you and occasionally other relevant individuals including outpatient treatment providers if applicable to obtain collateral information. The psychiatrist will meet with your child daily to monitor their status in relation to treatment with medication. The psychiatrist will determine your child's discharge date.

**Registered Nurse/Licensed Practical Nurse:** A registered nurse is onsite 24 hours a day, 7 days a week. The nursing staff will provide medications as prescribed and assess your child's physical and psychological needs on an ongoing basis.

**Licensed Counselor:** Your child will meet with the counselor face to face within 48 hours of admission for a behavioral health assessment. Following this assessment, the counselor will develop a strength based treatment plan that sets the course of treatment. The counselor also conducts individual, group and family sessions daily. Participation in therapeutic groups is highly recommended. The counselor is here to assist your child in working through their problems, setting personal goals and reviewing progress in treatment.

**Case Manager:** Your child's case manager will work with you, your child and members of the treatment team to develop a plan of care that best meets the individual treatment needs of your child. The case manager will begin the discharge planning process at the onset of treatment. Feel free to contact the case manager at anytime to discuss post-discharge plans for your child. Your case manager will ensure that your child receives an appointment with a behavioral health professional within 5 business days of discharge and an appointment with a physician within 30 days of discharge.

**Trained Paraprofessionals:** Your child will spend majority of their time with a trained paraprofessional. Paraprofessionals provide supervision, support and age appropriate group/individual activities such as: board games, exercise classes, music therapy, art therapy, etc. Participation in group/individual activities is highly recommended. Paraprofessionals are also available to assist your child with their schoolwork.

## **How do I contact the Treatment Team?**

The Case Manager is your primary contact with the Treatment Team. Please feel free to follow-up with him/her for updates, particularly those concerning discharge. To facilitate the communication process. It is very important that we have all available numbers to contact you. Your treatment team is here to answer any questions that you may have and we encourage you to be an active participant in the treatment team meetings that occur either in person or via phone.

## **How will we be involved as parents?**

We believe your involvement in your child's treatment is very important. Regular communication with your child is encouraged. Staff will also contact you to obtain collateral history and begin the first step toward stabilization. Family sessions are often helpful to address the crisis that led to the admission.

## **What items should I bring for my child?**

Your child will be provided with scrub pants, tie-dye t-shirt and sweatshirt during his/her admission. Basic toiletries such soap, toothpaste, toothbrush, deodorant, shampoo/conditioner, combs, brushes and slippers are also provided. Your child will be expected to shower once a day, brush his/her teeth regularly and dress appropriately. Grooming is a basic living skill topic that the staff will review daily.

Please note that we do not provide clothing at the time of discharge, only the clothing that your child was wearing at the time of admission. Please plan to bring a set of clothes if your child was transported in a hospital gown, etc.

## **What items are not allowed?**

- Ballpoint pens, beepers, pagers, cell phones, CD players, radio, headphones, electrical appliances (hair dryers or curling irons), glue, paste, jewelry, medication, money, checks or credit cards, plastic bags, plastic wrap or foil, spiral notebooks.
- Barrettes/hairpins, cans, glass items of any kind, hangers, keys, knives, nail clippers, nail files, needles, paper clips, razors, scissors, thumb tacks, and any sharp objects that may cause harm to yourself.
- Cigarettes, cigars, pipes, chewing tobacco, lighters, literature, posters, tapes, tee shirts or any items that refer to drugs, rock groups, violence, sex, alcohol, heavy metal, witchcraft or illegal substances.
- Other items may be restricted at staff discretion.

## How will my child complete their schoolwork?

Our hope is that once your child is stabilized, they will be able to successfully return to their school. We have staff who will provide assistance with your child's normal school work each day. You may contact your child's school to get the homework that has been assigned. You can bring the packet from the teacher to Care Campus C&A CSU or sign a release of information for our staff to communicate with school personnel.

## What type of rules and discipline are used?

The program is structured and stresses the importance of respecting oneself, others and property. The C&A CSU maintains policies and procedures for identifying and managing individuals at high risk of suicide or intentional self-harm. Direct Care Staff are trained in verbal de-escalation as well as Non Violent Crisis Interventions.

## Am I allowed to visit my child?

Visitation with your child is available by scheduled appointment.

All visitors must be approved by the parent/guardian and listed on the visitation list for your child. Visitation may be supervised by staff members.

Phone calls may be made and received from 6:00p.m until 8:00p.m each day. All outgoing calls will be dialed and closely monitored for appropriateness of conversation by staff. Your child is only allowed to call individuals listed on their approved communication and visitation list. You will be asked to provide the consumer code in order for your call to be accepted by your child.





### C&A CSU Daily Schedule WEEK 1

	MONDAY-1	TUESDAY-2	WEDNESDAY-3	THURSDAY-4	FRIDAY-5	SATURDAY-6	SUNDAY-7
	<b>Motivation</b>	<b>Stress Management</b>	<b>Self Esteem</b>	<b>Planning for the Future</b>	<b>Kindness</b>	<b>Gratitude</b>	<b>Helping Others</b>
<b>7:30 AM</b>	Hygiene / Clean Room	Hygiene / Clean Room	Hygiene / Clean Room	Hygiene / Clean Room	Hygiene / Clean Room	Hygiene / Clean Room	Hygiene / Clean Room
<b>8:00 AM</b>	Breakfast / Medications	Breakfast / Medications	Breakfast / Medications	Breakfast / Medications	Breakfast / Medications	Breakfast / Medications	Breakfast / Medications
<b>8:30 AM</b>	Goals Check-In Review Unit Rules	Goals Check-In Review Unit Rules	Goals Check-In Review Unit Rules	Goals Check-In Review Unit Rules	Goals Check-In Review Unit Rules	Goals Check-In Review Unit Rules	Goals Check-In Review Unit Rules
<b>9:00 AM</b>	Support Group (A40/44)	Support Group (L44/87/84)	Support Group (A78/80/40)	Support Group (L41)	Support Group (A8/17/19)	Support (Gratitude Worksheet)	Support (L19/A58)
<b>9:30 AM</b>	Recreation (Snack)	Recreation	Recreation	Recreation	Recreation	Recreation Outdoor Snack	Recreation Outdoor Snack
<b>10:15 AM</b>		Snack / Nutrition	Snack / Nutrition	Snack / Nutrition	Snack / Nutrition		
<b>10:30 AM</b>	Mental Health Group	Education (Reading Comp)	Education (Science)	Education (History)	Education (Math)	Mindfulness (Letter Writing)	Mindfulness (Journaling)
<b>11:30 AM</b>	Music Education	Mental Health Group	Mental Health Group	Mental Health Group	Mental Health Group	Art (Weekend Box)	Art (Weekend Box)
<b>12:00 PM</b>	Lunch (Meds)	Lunch (Meds)	Lunch (Meds)	Lunch (Meds)	Lunch (Meds)	Lunch (Meds)	Lunch (Meds)
<b>12:30 PM</b>	Relaxation Time	Relaxation Time	Relaxation Time	Relaxation Time	Relaxation Time	Relaxation Time	Relaxation Time
<b>1:30 PM</b>	Creative Writing	Art / Skills Group	Movement	Art / Skills Group	Art / Skills		
<b>2:00 PM</b>		Wind Sock	Self Esteem Activity	Vision Boards	Kindness Flower		
<b>2:30 PM</b>	Recreation (Snack)	Recreation (Snack)	Recreation (Snack)	Recreation (Snack)	Recreation (Snack)	Indoor/Outdoor Recreation Snack Time Journaling	Indoor/Outdoor Recreation Snack Time Journaling
<b>3:15 PM</b>	Movement	Movement	BINGO	Movement	Movement		
<b>4:00 PM</b>	CPSY Group (Coping Skills)	CPSY Group	CPSY Group (Coping Skills)	CPSY Group	CPSY Group	Movement (Stretch/Yoga)	Movement (Musical Dots)
<b>4:30 PM</b>	Hygiene	Hygiene	Hygiene	Hygiene	Hygiene	Hygiene	Hygiene
<b>5:30 PM</b>	Phone Calls	Phone Calls	Phone Calls	Phone Calls	Phone Calls	Phone Calls	Phone Calls
<b>6:00 PM</b>	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
<b>6:30 PM</b>	Reflection/Journaling	Reflection/Journaling	Reflection/Journaling	Reflection/Journaling	Reflection/Journaling	Reflection/Journaling	Reflection/Journaling
<b>7:00 PM</b>	Snack/Movie/Vitals (8PM Medications)	Snack/Movie/Vitals (8PM Medications)	Snack/Movie/Vitals (8PM Medications)	Snack/Movie/Vitals (8PM Medications)	Snack/Movie/Vitals (8PM Medications)	Snack/Movie/Vitals (8PM Medications)	Snack/Movie/Vitals (8PM Medications)
<b>9:00 PM</b>	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out

**Individual treatment sessions may be provided throughout the day.**

**Team Staffing takes place at 9:00 a.m. each day.**

**\*Television is permitted after 4:30pm Mon-Fri and after 2pm Sat-Sun unless special permission is granted\***

## **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 Center 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.
- Pay your bill or let us know about problems you have in paying.
- 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 External Affairs at 404-657-5964 (phone), 770-408-5439 (fax) or by email at [DBHDDconstituentservices@dhr.state.ga.us](mailto:DBHDDconstituentservices@dhr.state.ga.us). There is additional information located at <http://dbhdd.georgia.gov>. Substance Abuse consumers, individuals receiving services in a community living arrangement or personal care home, and individuals receiving private home care services may also contact the Department of Community Health’s Healthcare Facility Regulation division 404-657-5726 or 1-800-878-6442 or online at <http://dch.georgia.gov>.

Pathways Center Client’s Rights Committee	52 Perry Street Newnan GA	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: DBHDDCobstituentServices@dbhdd.ga.gov
DBHDD Office of Constituent Services			Electronic Submission <a href="https://dbhddapps.ga.gov/intakeform">https://dbhddapps.ga.gov/intakeform</a>



**NOTICE OF PRIVACY PRACTICES**  
**Pathways Center for Behavioral and Developmental Growth**  
**122 C Gordon Commercial Drive**  
**LaGrange, Ga. 30240**

**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 disclose 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 122 C Gordon Commercial Drive, LaGrange, Ga. 30240. 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 122 C Gordon Commercial Drive, LaGrange, Ga. 30240. 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.
10. **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.
  11. **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.
  12. **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.
  13. **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.
  14. **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.

#### 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 122 C Gordon Commercial Drive, LaGrange, Ga. 30240. 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 **122 Gordon Commercial Drive, LaGrange, Ga. 30240** 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 **122 C Gordon Commercial Drive, LaGrange, Ga. 30240**. 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 Center in full. To request a restriction, you must request the restriction in writing addressed to the Privacy Officer at 122 C Gordon Commercial Drive, LaGrange, Ga. 30240. 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 122 C Gordon Commercial Drive, LaGrange, Ga. 30240. 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 122 C Gordon Commercial Drive, LaGrange, Ga. 30240.

#### **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 122 C Gordon Commercial Drive, LaGrange, Ga. 30240 (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](http://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.

**OFFICE OF DISABILITY SERVICES OMBUDSMAN**

270 Washington Street  
8<sup>th</sup> 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](http://www.odso.georgia.gov)

Email us: [odso@georgia.gov](mailto:odso@georgia.gov)

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



## Office of the Disability Services Ombudsman

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Nathan Deal  
Ombudsman and Olmstead Coordinator

Corinna Magelund Governor

### 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).



## 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 at 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.***



## **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 not allowed at the C&A CSU.
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.