PATHWAYS CENTER

HANDBOOK

Carroll County IDD Community Services/ Community Residential Services 153 Independence Drive Carrollton, GA 30116 Phone: (770) 830-2201 Fax: (770)830-2266 www.pathwayscsb.org	**Coweta County** IDD Community Services/ Community Residential Services 225 Millard Farmer Industrial Blvd Building C, Suites 100 and 200 Newnan, GA 30263 Phone: (678) 854-6625 Fax: (678) 854-6620 www.pathwayscsb.org
Meriwether County IDD Community Residential Services 1710 Shorewood Drive LaGrange, GA 30240 Phone: (706) 845-4100 Fax: (706) 845-4103 www.pathwayscsb.org	**Troup County** IDD Community Services/ Community Residential Services 1710 Shorewood Drive LaGrange, GA 30240 Phone: (706) 845-4100 Fax: (706) 845-4103 www.pathwayscsb.org

Welcome to Pathways Center's Community Services. Pathways Center is honored that you have chosen us to assist you in your journey to independence. This handbook will tell you more about Pathways Center's community services. Our goal for each community service is to: increase inclusion in community activities, increase ability to perform activities of daily living, and increase self-determination and self-reliance.

**If this book does not answer your questions, feel free to ask one of our caring staff members or program coordinators.*

OUR MISSION: Pathways Center provides service 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 challenges.

OUR 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.

Your Pathways Service Location: While many of your services will be provided in the community, there may be times, such as service plan meetings or skill building activities, when you will report to a Pathways Center location. The location at which you will receive these services is:

Carroll County
IDD Community Services/ Community Residential Services
153 Independence Drive
Carrollton, GA 30116
Phone: (770) 830-2201
Fax: (770)830-2266

Coweta County
IDD Community Services/ Community Residential Services
225 Millard Farmer Industrial Blvd Building C, Suites 100 and 200
Newnan, GA 30263
Phone: (678) 854-6625
Fax: (678) 854-6620

Meriwether County
IDD Community Residential Services
1710 Shorewood Drive
LaGrange, GA 30240
Phone: (706) 845-4100
Fax: (706) 845-4103

Troup County
IDD Community Services/ Community Residential Services
1710 Shorewood Drive
LaGrange, GA 30240
Phone: (706) 845-4100
Fax: (706) 845-4103

Your Service Team: Pathways Center works to provide top quality care to each individual that it serves. Teams of caring people, including instructors, client support workers, and program coordinators will assist you in community services. Team members who will work with you in community services come from a variety of educational and employment backgrounds. Staff members who work in the program must at a minimum be 18 years of age, have a high school diploma, and pass a criminal background check and drug screen. Developmental Disabilities services are under the direction of a Developmental Disability Professional (DDP).

The managers of Intellectual and Developmental Disabilities (IDD) services in your area are:

Community Services Managers

Carroll County Samantha Theorson	**Coweta County** Samantha Theorson
Troup County Sievee Pinkney, DDP	

Community Residential Services Managers

Carroll County Campris Briskey	**Coweta County** Campris Briskey
Meriwether County Mark Calhoun	**Troup County** Dexter Henderson, DDP

Directors

IDD Director Joseph Alford	**Associate IDD Director** Leslie Patrick, DDP
Quality Assurance and Compliance Director Jessica Bloodworth, DDP	

Pathways Center ensures there is an adequate number of staff to meet the established outcomes of persons receiving services, to ensure their safety, to deal with unplanned staff absences of personnel and to meet the performance expectations of Pathways Center and its regulatory and accrediting bodies.

COMMUNITY SERVICES
SERVICE TYPES AND PROGRAM DESCRIPTION

Pathways Center provides community services through four program types, Community Integration, Family Services, Community Residential, and Community Living Supports. A brief summary of each service type is contained below.

COMMUNITY INTEGRATION SERVICES: Community Integration Services provide opportunities, support and training for individuals to participate in a variety of community life experiences of their choice. Community Integrated Services are based on the identified needs and desires of the individual receiving services, and may be offered through Pathways Day Service or Community Living Programs. Services are designed and delivered to enhance the interdependence of the individual receiving services, their self concept and their social adaptations. The goal of community integration services is to support each individual to achieve increased independence, greater choice, greater self-sufficiency, greater control of their lives and increased community participation.

FAMILY SERVICES: Family Services are provided to enable the individual receiving services and their family to stay together or to enable the individual receiving services to remain involved with their family. Families and the individual receiving services are the decision makes. They decide what services are needed and how the services will be delivered.

COMMUNITY RESIDENTIAL SERVICES: Community Residential Services are designed to support individuals to live successfully in the community and to fully participate in the activities of community life. The residences where the services are provided are rented by Pathways Center. Community Residential Services enhances the independence, dignity, personal choice, privacy, and safety of the individual served. Services provided in this setting include a range of interventions with a focus on training and support in activities of daily living (ADLs). Community Residential services are offered to individuals assessed and determined to require intense levels of support. Recipients of community residential services have access to Pathways Center staff members 24 hours a day, 7 days a week.

COMMUNITY LIVING SUPPORTS: Community Living Supports provide assistance to individuals served including, supervision, assistance, transportation and personal and social services, which enable an individual to live with their family, compatible roommate(s) or in their own home. The scope, duration, and intensity of community living services are individualized and flexible and are designed to address the desires, goals, strengths, abilities, needs, health, financial strategies, safety, and life span issues of the individual receiving services. Community Living supports are offered to individuals assessed and determined to benefit from supported living services at an intensity and frequency less than 24 hours per day.

Who can receive community services? Individuals must apply for Developmental Disabilities services and be evaluated for eligibility for services through the Department of Behavioral Health and Developmental Disabilities field office in accordance with Medicaid waiver policies. Individuals who are qualified to receive Developmental Disabilities services and have identified Pathways Center as the provider of their choice can receive community services.

**If you have not already made application with DBHDD, please see one of our caring staff members or program coordinators for assistance.*

What help will I get? We will meet with you and anyone else you would like to invite and talk about your plan for work. This is called your Individual Service Plan or ISP. The ISP works like a road map to get you from where you are to where you want to go. It will tell us what needs to be done, who needs to do it, and how we will recognize that things are completed. We want to assist you in making informed decisions, including:

- The expected results of your services
- How the services will be designed
- How and when the results will be evaluated
- The expected duration of services
- Possible alternatives for services

You will have a copy of your plan. Others may have a copy if you give your permission.

We will meet from time to time to review how your plan is going. Adjustments will be made if necessary. **Please Remember:** You don't have to wait for a set time to discuss your plan. You may ask to meet with one or our caring staff members or program coordinators whenever you feel that changes are needed to your plan.

Our goal in the process of planning and providing your community services is to make sure you are in the driver's seat. Our job is to support you in the way that you want to go. Everyone is different. We all have ideas of how we want to spend our time, what we want to learn, and experiences that we want to have. We all have special talents and interests and ideas about the work that we want to do. We know things that we like, and things that we dislike. We know the types of people that we like to spend time with.

Your plan . . . . . Your Services – Our goal is to support your dreams, your desires and your decisions!

When are services provided? Service centers are generally open Monday through Friday from 8:30AM until 4:00 PM. However, services provided in the community may occur at various days and times as appropriate based on the activities being chosen by the individual. Community Living Supports are provided at days and times necessary to ensure that the targeted skills and support needs are able to be addressed. Community Residential Services are provided 24 hours per day, 7 days per week.

What are the costs of services?

Community Integration Services are available at no cost to eligible individuals. Individuals receiving services may be asked to pay for community outings that they have chosen such as ticket purchases or admission costs.

Community Living Services/Community Residential Services are available at no cost to eligible individuals. Individuals receiving services apply their monthly income to the room and board costs associated with their living arrangements. In some cases, funds are available to assist individuals with these costs. Each individual receiving services has a personal allowance available from their income.

How accessible are Pathways Center's community services? The number of individuals who can be served in community services is determined, in part, by Pathways Center's contract with DBHDD. Another factor that impacts the number of individuals served is the assessed need for services within Pathways Center's service area. During the intake and evaluation process with DBHDD, DBHDD (through its regional office) maintains a waiting list for services if funds are not available for immediate initiation of services. Once funds are made available, services can begin immediately.

What if I am not happy in with the program? If you are not happy with the program, we hope that you will talk to us right away. Should you disagree with us or if you are dissatisfied with anything about the service you receive, we will work openly with you to find satisfying result. We will try new ways to assist you and will check to see that any new approach has good outcomes and results. We will assist you in identifying other resources to assist you, if you desire. You can decide to leave the program if it does not help you and you can still receive other services from Pathways Center, if you choose to.

If you wish to file a formal complaint or believe that your rights as a client or a human being have been violated, you may follow the process below:

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. Your representative's name is given on a poster at your program service site. 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 OR 888-785-6954 (phone), 770-408-5439 (fax) 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.gerogia.gov.

Client's Rights Committee	**DBHDD Office of Constituent Services**	**Department of Community Health – Healthcare Facility Regulations**
52 Perry Street Newnan, GA 30263	2 Peachtree Street, NW, Suite 24-473 Atlanta, GA 30303	Atlanta, GA 30303
Phone: 678-854-2145	Phone: 404-657-5964 OR 888-785-6954	Phone: 800-878-6442
Email: complaints@pathwayscsb.org	Fax: 770-408-5439	Fax: 404-657-5731
	Electronic Submission: https://dbhddapps.dbhdd.ga.gov/intakeform/	

What other ways can I provide feedback about my services? Your thoughts, ideas, and opinions about our services are valuable to Pathways Center. Pathways Center has several ways for you to provide feedback and share your level of satisfaction with the services received. You may periodically be asked to provide feedback through a survey or other means, like an invitation to a quality improvement meeting. 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.

What are my rights? As a client of Pathways Center, you have rights. A summary of your rights are as follows:

- 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.

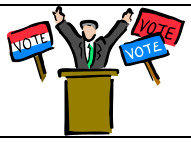
- The right to be free of neglect, verbal abuse, physical abuse, sexual abuse, psychological abuse, financial or other exploitation, humiliation, retaliation, corporal punishment, fear, and /or denial of nutritionally adequate care and basic needs such as clothing, shelter, rest of sleep.
- The right to manage ones own financial affairs, including the right to keep and spend ones own money unless adjudicated incompetent by a court of law.
- 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.

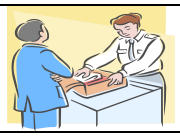
What are my responsibilities? Your responsibilities are as follows:

- 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.

My Rights and Responsibilities

(adapted from DBHDD Rights Defined)

You have the **RIGHT** to choose and wear your own clothes.		You have the **RESPONSIBILITY** to choose and wear clothes that fit and are appropriate to the weather and activity.
You have the **RIGHT** to keep your belongings in a private place you can get to when you want.		You have the **RESPONSIBILITY** to store and display your belongings neatly and not keep things that could harm others.
You have the **RIGHT** to meet people and take part in community activities.		You have the **RESPONSIBILITY** to follow the rule, participate in the activities you have chosen, and behave as expected by the community in which you live.
You have the **RIGHT** to socialize, to have visitors and see your friends, family, girlfriend or boyfriend every day.		You have the **RESPONSIBILITY** to limit visits to regular visiting hours and respect the same rights of others in your home/group.
You have the **RIGHT** to choose how and with whom you spend your free time: alone or with a friend.		You have the **RESPONSIBILITY** to respect the same rights of others in your home/group and take turns choosing, when appropriate.
You have the **RIGHT** to exercise and have fun.		You have the **RESPONSIBILITY** to follow directions to avoid injury.
You have the **RIGHT** to send and receive mail that is not opened.		You have the **RESPONSIBILITY** to respect the same rights of others in your home and to give bills and such to the person who helps you pay them.
You have the **RIGHT** to services that help you live, work, and play in the most normal way possible.		You have the **RESPONSIBILITY** to help plan your services and fully participate in them on a regular basis or tell someone if you have changed your mind.
You have the **RIGHT** to worship and be involved in the religion you choose, or to choose not to go to church.		You have the **RESPONSIBILITY** to respect the same rights of others in your home and express your choices in whatever way is effective for you.
You have the **RIGHT** to training and education.		You have the **RESPONSIBILITY** to fully participate in the training and education opportunities you have chosen.
You have the **RIGHT** to vote.		You have the **RESPONSIBILITY** to make your own decisions and express your desire to vote.

You have the **RIGHT** to be treated well and with respect.		You have the **RESPONSIBILITY** to respect the same rights of others and treat them well and with respect.
You have the **RIGHT** to only take medicine prescribed by a doctor for your benefit, not as punishment or for someone else's convenience.		You have the **RESPONSIBILITY** to learn about your medications, take them as prescribed, and report side effects.
You have the **RIGHT** to refuse consent for experimental research.		You have the **RESPONSIBILITY** to understand any proposed research prior to giving consent.
You have the **RIGHT** to see a doctor as soon as you need and to receive adequate care.		You have the **RESPONSIBILITY** to report feeling ill or hurt as soon as possible in whatever way is effective for you.
You have the **RIGHT** to expect your records to be confidential.		You have the **RESPONSIBILITY** to maintain that confidentiality for yourself and your peers.
You have the **RIGHT** to be free from physical restraints (being held down or forced to be alone) unless it is to protect you or someone else.		You have the **RESPONSIBILITY** to manage your own behaviors and follow directions to keep yourself and others safe.
You have the **RIGHT** to be present or given good reason if your things are searched.		You have the **RESPONSIBILITY** to keep only things that belong to you and are not potentially harmful.
You have the **RIGHT** to say ***NO*** to anyone trying to hurt, scare or upset you to change the way you act.		You have the **RESPONSIBILITY** to respect the same rights of others, control your own actions, and report anyone who tries to hurt, scare, or upset you.
You have the **RIGHT** to make and receive private phone calls.		You have the **RESPONSIBILITY** to respect the same rights of others by limiting calls to the time limit specified in the rules for your home.
You have the **RIGHT** to make choices about where and with whom you live and how and with whom you spend your time.		You have the **RESPONSIBILITY** to express your choices in ways that are effective for you and respect the choices of others.
You have the **RIGHT** to work in the community (if an appropriate job is available).		You have the **RESPONSIBILITY** to: • Express your desire to work and choices of jobs. • Demonstrate expected and appropriate work behaviors/habits • Fully participate in job development and training activities

How is my privacy protected?

This notice describes how medical information about you may be used and disclosed and how you can get access to this informatio

Please review it carefully.

If you have any questions about this Privacy Notice, please contact our Privacy Officer at 678-854-2140.

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.
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 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 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 Unites 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 (678-854-2140). 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: Jessica Bloodworth, Compliance and Quality Assurance Director, DDP (678-854-2140)

Office of the Disability Services Ombudsman

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).

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

How does Pathways Center avoid conflicts of interest in service provision? Pathways Center has an established 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. This code is as follows:

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 affects the employee's ability to perform and fulfill their job responsibilities, when it negatively affects 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.*

What other things does Pathways Center do to ensure that programs and services are provided with quality and integrity? Pathways Center is committed to continuous quality improvement in its programmatic and administrative functions. Its quality improvement efforts include the establishment and ongoing monitoring of outcomes in key areas of client satisfaction, efficiency, effectiveness, and access. Our agency-wide quality improvement program includes such committees as Risk Management, Client and Human Rights, and Developmental Disabilities Services Quality Improvement Subcommittees. Pathways Center communicates how it is doing to various stakeholders, including persons served, through different avenues so that everyone is informed about how we are doing.

What other programs and services are available? Pathways Center provides an array of mental health and developmental disabilities services, including but not limited to: Individual and family therapy, Outpatient substance abuse treatment, Case Management, Psychosocial Rehabilitation and Peer Support services, Assertive Community Treatment (ACT), Employment Supports, Community Integration Services, Crisis intervention and stabilization services, and various Residential and housing supports. 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 recovery and resiliency.

How do I transfer out of my current services or add additional services? If you are interested in making changes in your program, you may let us know or voice your desires with your independent support coordinator. Pathways Center will work with you and your support system to help you determine if you are eligible for additional services and help you apply for these services. Transitions may also occur as a part of the ongoing review and updating of your ISP. During this process specific steps will be outlined regarding next steps.

When you are discharging from Pathways Center services, a written discharge summary is completed detailing services that you received with Pathways Center and the degree of progress made in services. It will outline where you are transitioning to following Pathways Center and capture any unmet needs or desires.

What is Pathways Center's responsibility to me? Pathways Center will treat you with respect at all times. We will listen carefully to you so that we can keep getting to know you better. We will work with you to identify the kind, amount, and style of support you need and want. We will provide a safe service environment. We will encourage you to try new experiences and will assist you in negotiating safeguards to balance risk and safety in a responsible way.

APPROACHES TO RISK VERSUS CHOICE

Spreading our wings, exploring new possibilities, trying something new and sometimes taking chances are opportunities we take for granted. These are fundamental privileges of adulthood. Often when we take a chance or try new things the outcome is not exactly what we planned. We view these events as "live and learn" experiences and we often decide to take a second chance to see if we can do better the next time around. Every relationship is a risk in that we may be hurt or disappointed, but no one ever suggests that we avoid making new friends. While it is wise to ask for advice from those who have "been there, done that" when we try new experiences, no one expects anyone to limit our freedom to the extent that we never risk making a mistake.

For people with developmental disabilities, the ability to take chances goes to the heart of the right to live the meaningful life any adult expects as a matter of course. While no one wants anyone to be unsafe or to be victimized, the reality is that all of us take chances every single day. Sometimes there is a tendency to feel protective of those with developmental disabilities, to underestimate their resiliency in the face of adversity, or to not see their ability to rise to accept a challenge, or succeed at a venture that stretches the limits of what we feel are their capabilities. In our well meaning attempts to protect them, we may wish to manage their lives to the extent that we give them no self-determination and thereby deprive them of fulfilling life experiences. There is no dignity in living a life managed by others. There is no self-esteem when one cannot try something new and succeed on one's own terms. There is no joy in a life void of adventure. There is no personal growth for a person deprived of normal life experiences and lessons.

There is at least some risk in almost every choice that we make. When a person receiving services wishes to make a choice that seems risky to us, we must ask ourselves some specific questions.

"What is the real risk here?"

"How likely is it that there will be a genuinely bad outcome?"

"Whose life is it anyway?"

"How likely is it that depriving the person of the experience will cause harm?"

No one protects us from living our own lives. We expect to fail at some things but also to prove ourselves by carrying on and holding our heads high. When we venture outside of the safe and predictable, there is always a chance that we will experience pain and disappointment. But there is also an equally good chance that we will experience the exhilaration of succeeding at something new. Everyone deserves such opportunities!!

PATHWAYS
CENTER

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. Onsite you will find a diagram of this facility which includes the locations of all exits, safe zones, first aid kits, and fire extinguishers.