

**Passageway**  
**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!



**ATTN: Privacy Officer**  
**Passageway**  
**6000 Grand Avenue, Suite G**  
**Des Moines, IA 50312**  
**(515) 243-6929, info@passagewayiowa.org**

**INTRODUCTION**

Protecting the privacy and confidentiality of your Protected Health Information (PHI) is very important at Passageway. Protecting your information and providing this notice is mandated by federal and state laws. In order for Passageway to provide mental health services to you, we must obtain, use and disclose specific information about you. This notice will tell you about the ways in which we may use and disclose specific information about you. We also describe your rights and certain obligations we have regarding the use and disclose of medical information. Any individual who is unable to read or comprehend the notice as written will be offered the opportunity to have the notice read to them. We must give you notice of our legal duties and privacy practices concerning your private information, including:

- We must protect and keep private PHI that we have collected about your past, present or future mental health condition, and the mental health care we provide to you or payment for your mental health care;
- We must explain how, when and why we disclose your private health information;
- We must give you this notice of our legal duties and privacy practices with respect to your PHI and make a good faith effort to obtain your acknowledgement of receipt of this notice;
- For participants under the age of 18 or adults who have legal guardian we must offer this notice to parent or legal guardian who is responsible for consenting to their medical care; and
- We must abide by the terms of this notice.

As a Passageway participant, you have legal rights about your private information and these rights will be explained below.

**How Passageway protects your Personnel Information**

We are committed to protecting the confidentiality of your medical information. We have adopted policies and procedures that require our employees and business associates to treat your PHI as private. We limit access to your PHI to those who need it to do their jobs. All employees are trained on appropriate procedures regarding confidential information; and we monitor our privacy practices on a consistent basis. We protect private information of former participants the same way we protect the private information of current Passageway participants.

**Personnel Information Gathered by Passageway**

Passageway staff will ask you personnel information such as your name, address, date of birth, social security number, gender and mental health information to verify that you are eligible to receive services, etc. Any information that can be used to identify you is considered Protected Health Information (PHI).



**Question: Do you have to answer the questions we ask?**

**Answer:** Generally, the law does not say that you have to give us information how ever if you do not give us some information, we may not be able to provide you with services.

**How and why Passageway collects your information.**

Passageway staff will ask for private information during the intake process. We will always get your written permission before we ask others and before releasing your personnel information unless we are required to do so. In addition to gathering information at the time of intake, Passageway may periodically (at least every three years) need to gather new or updated information, in order to provide you with the highest quality of services. In addition, we create a record of the care and services that you receive from Passageway, including any information that we obtain from you. Such information may include work on treatment plan goal, symptoms, changes in your life, and information from other community services providers who are involved in your care and with whom you have signed a release. This also includes billing for services. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records generated only by Passageway Inc. personnel.



**Question: What kind of information is covered by this notice?**

**Answer:** This privacy notice covers all information that could be used to identify you, including: Name, Address, Telephone Number, Social Security Number, Dates (except for years such as Birth Date, Intake Date, Email Addresses, Medical Record Numbers, Member Numbers, Account Numbers, Certificate/License Numbers, Biometric Identifiers (such as full face photographs, fingerprints),. Any other unique identifying number, characteristic or code. The technical term for this information is Protected Health Information (PHI). In order for this notice to be easily understandable, this notice also refers to such terms as personnel information, medical information, etc. all of which are referring.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care and services provided by Passageway.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Passageway. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Passageway will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you believe that medical information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request for an amendment for as long as the information is kept by or for Passageway.

To request an amendment, your request must be made in writing and submitted to the program. You must provide a reason to support your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Passageway;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to inspect an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you, with certain expectations specifically defined by law. An accounting will not include internal uses of information for treatment, payment or operations or disclosures made to family with appropriate releases.

To request this list or accounting of disclosures, you must submit your request in writing to the Director. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restriction of Disclosures:** You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

- ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide the emergency treatment.

To request restrictions, you must make your request in writing to the Director. In your request, you must tell us: (1) what information you want limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact John Morrow, Privacy Officer, Passageway, 305-15<sup>th</sup> Street, Des Moines, IA 50309, (515) 243-6929.

**Question: What does the Passageway do with my Private Information?**



**Answer:** The Passageway may use your private information in a variety of ways including coordinating and providing services, billing for services provided, handling complaints, grant and contract compliance. The Passageway also uses information about you for management and administrative functions that include employee training, supervision of staff, legal consultation, accounting, auditing and statistical reports, and program evaluation. Read on for more detailed description of how we use this information.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

**A. Uses and disclosures of your Personnel Health Information for purposes of Treatment, Payment and Health Care Operations**

- **Mental Health Treatment-**We may use or disclose information about you to provide and manage your mental health care. This may include communicating with other providers regarding your treatment and coordinating and managing the delivery of mental health services with others. For example, we may use or disclose health information about you when you need a referral to other providers or services. We may disclose medical information about you to other service providers within the Passageway. Different departments of Passageway also may share information about you in order to coordinate your services. We will disclose medical information about you to people outside Passageway only with appropriate signed releases from you. For example, changes in your medical or mental status may be disclosed to your doctor or therapist.
- **Appointment Reminders and Other Contacts-**We may use your private information to contact you with reminders about your appointments, other programs you may want to consider or other services that

may be of interest to you. We may use your private information to contact you if become inactive and invite you back to our program.

- **Payment-**We may use or disclose medical information about you so that the treatment and services you receive at the Passageway may be billed. For example, we may need to give your health plan information about services you received at the Passageway so that Medicaid will pay us for the service. The information on or accompanying the bill may include information that identifies you as well as your diagnosis and services you received.
- **Health Care Operations:-** We may use and disclose medical information about you to allow us to perform business functions. These uses and disclosures are necessary to run the Passageway and make sure that all participants receive quality care. For example, we may use medical information to help us train staff and conduct quality improvement activities. The Passageway provides support for the training of health care practitioners. In the course of collecting and tabulating attendance information for the purpose of billing and tracking attendance, other Passageway participants will see some personal information about you including name and member number. We may also disclose to information to consultants and other Business Associates who help us with these functions. We may disclose to your local case manager, funding agency, information regarding local and state hospitalizations, residential status, employment and educational status.
- **Fundraising-**As part of our health care operations we may ask your permission to use or disclose your information to raise money for our organization as well as for awareness.
- **Research-**Under certain circumstances, we may disclose medical information about you for research purposes. The Passageway may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for participants with specific medical needs, so long as the medical information they review does not leave the Passageway. We will always ask for specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at Passageway.
- **Service Coordination:-**As part of our health care operations, for the purpose of celebrating individual Passageway participant accomplishments your name, photo and/or other PHI may be posted in the Passageway facility. From time to time there will be special drawings, outings and trips where sign up sheets will be posted. Passageway participants who put their name on the sheet also acknowledge that any persons including other Passageway participants, staff and the general public may be able to see your PHI. In these instances, alternative means of signing up will be posted.

**B. Uses and disclosures of your health information that require your opportunity to agree or object. In the following instances, we will provide you with the opportunity to agree or object to our use or disclosure of your health information.**

- **Persons involved in your care-**We may, using our best judgment, disclose to a family member, other relative, close personnel friend or any other person identified by you, mental information relevant to that person's involvement in your care or payment related to your care.
- **Notification to others-** We may, in some instances, disclose health information about you to a family member, a personal representative or another person responsible for your care, in order to notify such person about your current location or general condition.

**C. Uses and Disclosures Authorized By Law.** Under certain circumstances, we are authorized by law to use or disclose your private information without obtaining a consent or authorization from you. These may include when the use or disclosure is:

- **Required By Law-**We will disclose medical information about you when required to do so by federal, state, or local law.
- **Necessary for public health activities-**For example when responding to public health authorities the exposure to certain communicable diseases or risks of contracting or spreading a disease or condition.
- **To Avert a Serious Threat to Health or Safety-**We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Public Health Risks-** We may disclose medical information about you for public health activities. These activities generally include the following:
  - To report abuse or neglect
  - If you are deemed to be a danger to yourself and/or others and/or when a decision has been made to implement involuntary commitment proceedings.
  - To notify the appropriate authority if we believe a participant has been the victim of abuse or neglect. (We will only make this disclosure if you agree or when required by law.)
- **Health Oversight Activities-** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and accreditations. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.
- **Lawsuits and Disputes-** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order or with an appropriate release from you.
- **Law Enforcement-** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at the Passageway.
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  - In situations where a person has been threatened with substantial physical harm.
- **Coroners, Medical Examiners and Funeral Directors** – We may release medical information to a coroner, medical examiner or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death or carry out their duties.
- **Specialized Government Functions-** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates-** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care;(2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, verbally or in writing, at the time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Any changes arising from the revision process will be incorporated into the privacy notice and distributed to participants before those practices are effective. We will post a copy of the current notice in Passageway and each site we provide care. The effective date of the notice will be located on the first page.

**ACKNOWLEDGEMENT:** We are required by law to make good faith effort to provide you with our notice of Privacy Practices and obtain acknowledgement from you. However, your receipt of care and treatment from Passageway is not conditional upon your providing written acknowledgement.



**Question: What do I do if I believe my rights have been violated?**

**Answer:** If you believe your privacy rights have been violated, you may file a complaint with the Passageway by compiling a Complaint Form or talking to our Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at: **You will not be penalized for filing a complaint.**

