



**PATHWAYS, INC.
CONSUMER ORIENTATION HANDBOOK**

October 2021

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After review of the Consumer Orientation Manual, consumers must sign the Consumer Orientation Acknowledgement form (50-231).

CONSUMER ORIENTATION MANUAL

CONSUMER RIGHTS AND RESPONSIBILITIES

Policy: It is Pathways' policy to protect and promote the rights of all persons served, and to inform all consumers, or their agent, of their rights and responsibilities. The consumer, or agent on the consumer's behalf, may exercise any of the rights provided by the policies and procedures established by the agency.

Procedures:

- I. Upon admission, staff will provide each consumer and/or agent with a copy of the Consumer Orientation Handbook, containing the Consumer Rights and Responsibilities.
- II. The Consumer Rights and Responsibilities will be explained and distributed to the consumer prior to the initiation of agency services, and will be reviewed annually with the consumer. This explanation will be in a language he/she can reasonably understand. Communication of these rights and responsibilities can occur through verbal and/or written communication, and will be translated for non-English speakers when needed.
- III. Consumer rights include the right to:
 - A. Confidentiality of information.
 - B. Privacy.
 - C. Freedom from abuse, financial or other exploitation, retaliation, humiliation, and neglect.
 - D. Access to both information pertinent to the person served in sufficient time to facilitate his/her decision-making and to his/her medical record.
 - E. Informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, and composition of the service delivery team.
 - F. Access or referral to legal entities for appropriate representation, self-help support services, and advocacy support services.
 - G. Adherence to research guidelines and ethics when persons served are involved, if applicable.
 - H. Investigation and resolution of alleged infringement of rights.
 - I. Other legal rights.
- IV. If a consumer believes his/her rights have been violated, he/she will be offered to make a formal complaint, which will be investigated according to Pathways' Complaint/Grievance Policy.
- V. The consumer responsibilities while he/she participates in treatment/services include the following:
 - A. Provide financial information and payment for services as described in his/her Fee Agreement.
 - B. Be open and honest with service provider(s) and participate in the development of and compliance with treatment planning.
 - C. Keep appointments as scheduled and/or contact the office at least 24 hours in advance to cancel appointment.
 - D. Be respectful of others' privacy. Show respect for other consumers and their privacy.
 - E. Abide by Pathways' policies and procedures as listed in the Consumer Orientation Handbook.

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.

If you have any questions, please contact our Privacy Officer, whose name and number is at the bottom of this notice.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use of disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time**. If we do so, we will post a new Notice in waiting rooms, with the receptionist at the unit where you receive services.

How We May Use and Disclose Your Protected Health Information

We may use and disclose PHI for a variety of reasons. Most uses and disclosures of PHI – including psychotherapy notes – require your authorization. We have a limited right to use to use and/or disclose your PHI for purposes of treatment, payment, or operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity, that it will extend the same degree of privacy protection to your information, as we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and examples of our potential uses/disclosures of your PHI. Uses and disclosures of PHI that are not described in this notice will not be made without your written authorization.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Generally, we may use or disclose your PHI as follows:

- For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work or for consultation purposes, or other health agencies involved in provision and/or coordination of your care.
- To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer and/or release portions of your PHI to the Medicaid program, the Medicare program, the local

Vocational Rehabilitation office, and private insurer to get paid for services we delivered to you.

- For health care operations: We may use/disclose your PHI in the course of operating our Behavioral Health, Addiction, Developmental and Intellectual Disabilities, and Family and Children's programs. For example, we may take your photograph for medication identification purposes, use your PHI in evaluating the quality of services provided, or disclose your PHI to our accounting department or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office or our support services for similar purposes. Release of your PHI to the Regional Board and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment Reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

Uses and Disclosures Requiring Authorization

For uses and disclosures beyond treatment, payment, and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Behavioral Health Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from behavioral health records without consent or authorization in the following circumstances:

- When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
- For health oversight activities: We may disclose PHI to our central office, the Protection and Advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- Relating to decedents: We may disclose PHI relating to an individual's death to coroners upon request.
- For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research. To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

- For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

- When required by law: We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.
- Relating to decedents: We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.
- For research, audit, or evaluation purposes: In certain circumstances, we may disclose PHI for research, audit, or evaluation purposes.
- To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

Uses and Disclosures Requiring You to have an Opportunity to Object

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- To request limits on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it, except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have the right to see your protected health information upon your written request. We will respond to your request within 30 days.

If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

- To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete, (ii) not created by us and/or not part of our records, or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the changes in the PHI.
- To find out what disclosures have been made: You have the right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; to you, your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
- To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request.
- To receive notice of a breach: We will notify you if your PHI has been breached.
- To request restriction of PHI to your health plan: If you pay cash in full for a specific service, you can request information relating to that service not be disclosed to your health plan.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

We will take no retaliatory action against you if you make such complaint.

Contact Person for Information, or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact:

Marie Sublett, Privacy Officer Pathways, Inc.
1212 Bath Avenue, 8th Floor
P.O. Box 790
Ashland, KY 41105-0790
606-329-8588 Ext. 4075
Toll Free in Kentucky - 800-562-8909
Marie.Sublett@pathways-ky.org

COMPLAINT/GRIEVANCE

Policy: It is the policy of Pathways to maintain a Complaint/Grievance system for its consumers, employees, stakeholders, and community members.

Procedures:

- I. Upon admission to Pathways' services, the consumer or consumer's representative shall be given access to an electronic copy of the **Consumer Orientation Manual** and provided a hard copy, if requested. The consumer's rights and Pathways' complaint/grievance procedure will be explained to the consumer and/or representative, if applicable. All **Pathways employees should make reasonable efforts to attempt to informally resolve** issues related to consumers locally prior to using the formal Complaint/Grievance system.
- II. Complaint/Grievance forms will be available in every Pathways facility. When a complaint is not resolved informally by local supervisors, the complainant should be offered a form to complete. Envelopes will be available in order to seal the form and send directly to the Chief Compliance Officer in order to ensure confidentiality. The consumer should be given a stamped envelope addressed to Compliance Department, Pathways, Inc., P.O. Box 790, Ashland, KY 41105.
- III. Upon receipt, the Chief Compliance Officer or designee will do the following:
 - A. Determine the appropriate staff person to investigate and attempt to resolve the complaint.
 - B. Determine if immediate action is needed. Immediate action is defined as a complaint that carries a significant chance of a serious adverse outcome that could result in a serious physical or psychological injury, or the risk thereof, or death.
 1. If it is determined that immediate action is needed, the Chief Compliance Officer, or designee, will email the complaint to the investigating staff person and copy all involved Division Directors, informing them of the need to investigate and provide feedback within two business days. If the complainant requested feedback, the investigating staff person will provide the feedback of the proposed resolution.
 2. If it is determined that immediate action is not needed, the Chief Compliance Officer, or designee, will email the complaint to the investigating staff person and copy all involved Division Directors, informing them of the need to investigate and provide feedback within five business days, if possible. If the complainant requested feedback, the investigating staff person will provide the feedback of the proposed resolution.

The investigating staff person shall report the outcome of the investigation and any actions taken to resolve the complaint to the Chief Compliance Officer within the time frame requested. If feedback is not received within the specified time, the Compliance/QI Administrative Assistant will email a reminder to the person assigned. Upon receiving the feedback, the Compliance/QI Assistant will enter information into the complaint/grievance database.

- IV. If the complainant is not satisfied with the resolution of the complaint, the complaint will then be escalated to the status of a grievance. The Chief Compliance Officer shall then contact Pathways' Ombudsman, providing all necessary information regarding the grievance and actions that have taken place to this point. The Chief Compliance Officer will also inform the appropriate Division Director/ Department Head that this is now a grievance.
- V. Pathways' Ombudsman will do the following:
 - A. Review and investigate further, if necessary, with the goal of resolution within five business days;
 - B. Write a revised resolution plan;
 - C. Contact the individual to explain the decision.
- VI. If the individual accepts the resolution, the Ombudsman forwards the final resolution to the Chief Compliance Officer. This is then entered into the database.
- VII. If the individual rejects Pathways' Ombudsman's decision, he/she will be asked to put reasons in writing for rejecting Pathways' Ombudsman's proposed resolution. Pathways' Ombudsman will assist in doing this, if asked.
- VIII. The complainant's feedback is forwarded to Pathways' Chief Compliance Officer, who notifies the Chief Executive Officer. The entire record of the grievance will be sent to the Executive Committee of the Board of Directors.
 - A. At the next meeting of the Board of Directors, the Executive Committee will review and decide in favor of the aggrieved person or in favor of Pathways' Ombudsman's decision.
 - B. The Board's decision will be mailed to the consumer within five working days of being made.
- IX. If the decision by the Board of Directors is not satisfactory to the consumer, or if at any time during the complaint/grievance process he/she wishes to do so, the complainant has the right to contact the state ombudsman. The consumer will be assisted by Pathways' Ombudsman to appeal to the applicable department within the Cabinet for Health and Family Services:

The Office of the Ombudsman
Cabinet for Health and Family Services
275 E. Main Street, 1E-B
Frankfort, KY 40621

Phone: 502-564-5497

Toll Free: 800-372-2973

TTY: 800-627-4702

- X. The Chief Compliance Officer will be responsible for compiling data regarding the nature and resolution of the complaint/grievance. Reports will be made on a quarterly basis to the Executive Team and Board of Directors.

CONSUMER INPUT ON QUALITY OF CARE

Quality of care, achievement towards goals, and consumer satisfaction are all essential aspects of effective and efficient treatment/services. Our team is required to formally address these issues, verbally or in writing, at the time of assessment and at the end of each 90-day period. The primary therapist uses this input to complete the reports and make adjustments to the treatment/service plan to assure that the goals stated on the treatment/service plan are the goals of the person served.

Consumers are encouraged to meet directly with the primary therapist at any time they feel there is an issue related to quality of care, achievement toward goals, or satisfaction of services. We will also offer the consumers the opportunity to complete a Consumer Satisfaction Survey every three (3) months during their time in treatment/service.

SATISFACTION OF PERSON SERVED

Pathways, Inc. desires the input of all persons served on the quality of services that are being provided. Pathways, Inc. provides a Consumer Satisfaction Survey to each consumer on a quarterly basis to provide a means of measuring the quality of services being delivered and any suggestions for improvement of services.

CONFIDENTIALITY/PRIVACY OF CONSUMER INFORMATION

Policy: It is the policy of Pathways that all information, written and verbal, regarding consumer care or services is to be treated as confidential information in accordance with local, state, and federal guidelines, including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2.

Procedures:

- I. Information regarding consumer care or services is only to be discussed internally with staff participating in the consumer's care and only as necessary for that staff person to perform his/her job and/or to meet an identifiable need. Likewise, the information in the consumer's case record and billing records shall only be accessed on a need-to-know basis.
- II. Pathways will not release any information, written or otherwise, outside of the agency without a properly executed and compliant release or order compelling disclosure from a court of competent jurisdiction (which is reviewed and approved by either Pathways' Medical Records Administrator or Legal Counsel), or as otherwise authorized under state or federal law, including, but not limited to, when individuals disclose information that expresses intent to harm themselves or others or disclose information regarding abuse or neglect toward themselves or others.
- III. Staff are ultimately responsible for ensuring the privacy and respect due each consumer in each unique situation and must at all times be cognizant of his/her responsibilities in maintaining consumer confidentiality.

- IV. Medical records or copies of the medical records will be made available for review by licensing, regulatory, and/or accrediting bodies authorized by Pathways' Medical Records Administrator.

INFORMED CONSENT

Policy: It is Pathways' policy to obtain informed consent prior to providing services to a consumer.

Procedures:

- I. Pathways staff shall follow all local, state, and federal guidelines related to providing services.
- II. Pathways service providers shall review with the consumer the facts and risks concerning all treatment/service procedures, including the use of medications.
- III. Consumers are informed that participation in services at Pathways is strictly on a voluntary basis. All consumers are made aware that they have the right to express choice or refuse to participate in the areas of service delivery, release of information, concurrent services, and the composition of the service delivery team.
- IV. This policy may not apply if the service is court-ordered.
- V. All individuals are informed that the overall goal of therapy is improved quality of life.
- VI. All consumers must have either a completed General Consent to Care and Treatment form or a Mini-Application Permission for Treatment/Fee Agreement form signed prior to the beginning of any treatment/services.

AGENCY EXPECTATIONS OF CONSUMERS

Pathways, Inc. expects that all consumers will provide the agency and staff with clear, complete, and honest information at all times so the agency can provide the most effective and efficient services possible. Pathways, Inc. demonstrates a commitment to our consumers' care and expects that the recipient will work and participate in treatment/services with an equal amount of dedication.

Pathways, Inc. clearly states the agency and program requirements for proper participation to all consumers and their families and expects that each individual will honor their responsibilities to the therapeutic process.

DISCHARGE/TRANSITION PLANNING

Policy: It is the policy of Pathways that a Discharge/Transition plan be completed with a consumer, and any family members identified by the consumer, as a means to guide the individual in activities once he/she is discharged to support the gains made during treatment.

Procedures:

- I. The discussion of Discharge/Transition planning will be initiated at the time the person-centered plan is completed with the consumer.
- II. If a consumer transitions to a different level of care within Pathways, this can be documented in a staff note.
- III. When a consumer is being terminated from all active services within Pathways, the Discharge/Transition plan shall be completed and shall identify the following:

- A. The consumer's current progress and any gains achieved.
 - B. The consumer's need for support systems or other types of services that will assist in continuing his/her recovery.
 - C. The consumer's strengths, needs, abilities, and preferences.
 - D. The consumer's needs for medications.
 - E. Referral information, including name and phone number of other provider.
 - F. Any supports that are needed to prevent a recurrence of symptoms.
- IV. If the consumer becomes inactive in treatment, a Discharge/Transition summary shall be completed on the consumer in order to terminate the case, and it should be identified as an unplanned discharge.
 - V. If it is a planned discharge, a copy of the Discharge/Transition plan shall be offered to the consumer.

PROHIBITION AND REPORTING OF ABUSE AND NEGLECT

Policy: It is the policy of Pathways to prohibit instances of abuse and neglect as defined under Kentucky law and to report alleged instances of such abuse and neglect as defined under Kentucky law.

Procedures:

- I. Chapter 209 of the Kentucky Revised Statutes (KRS) and KRS Chapter 620 provide protection from abuse and neglect for adults and children, respectively.
 - A. In addition to defining what constitutes abuse and neglect under Kentucky law, KRS 209 and 620 impose reporting requirements upon certain people, including but not limited to, nurses, physicians, and social workers, to report reasonable suspicions of abuse and neglect to the appropriate agency, which may include, but is not limited to, the Department of Community-Based Services (DCBS), Child Protective Services (CPS), Adult Protective Services (APS), and/or law enforcement.
 - B. Further, anyone acting upon reasonable cause in the making of a report or acting in good faith shall have immunity from any civil or criminal liability
- II. If a staff person has any reason to suspect abuse/neglect, he/she is required by law and this policy to make an immediate oral or written report to the Department of Community-Based Services (DCBS).
 - A. As per KRS 209.030(3), "Any person making such a report shall provide the following information, if known: The name and address of the adult, or of any other person responsible for his/her care; the age of the adult; the nature and extent of the abuse/neglect, including any evidence of previous abuse/neglect; the identity of the perpetrator, if known; the identity of the complainant, if possible; and any other information that the person believes might be helpful in establishing the cause of abuse/neglect."
 - B. Staff is expected to immediately inform his/her supervisor when he/she becomes aware of possible abuse/neglect of a consumer. However, informing the supervisor of suspicions does not relieve staff of legal and ethical obligations. The

obligation is fulfilled only after the report has been made to DCBS by the staff person learning of the alleged abuse/neglect.

- C. It is the responsibility of DCBS to investigate and make a final determination of the incident. It is not Pathways' role to do this.
- D. DCBS and its Family Service workers are to be viewed and treated as professionals discharging their legal obligations and helping Pathways provide better care and welfare to its consumers. All staff will be expected to cooperate fully. All consumer records and facilities are open to any representative of the Department actively involved in conducting an abuse/neglect investigation, without the need for a signed release of information form as per KRS 209.030(5).
EXCEPTION: However, where federal regulations (42 CFR Part 2) for drug and alcohol consumers prohibit such disclosures, these regulations supersede state law.
- E. Staff is expected to immediately inform his/her supervisor when he/she becomes aware of a consumer abuse/neglect investigation conducted by DCBS or any other agency.

III. Particular procedures for reporting when:

- A. The alleged abuser is an employee of Pathways:
 - 1. Reporting of abuse or neglect where the abuser is believed to be an employee of Pathways shall be immediately reported to the employee's supervisor, Director of Human Resources, Chief Compliance Officer, and the proper authorities for investigation.
 - 2. The report shall name the employee or employees thought to have caused or contributed to the consumer's condition, and the report shall contain the name of such person if the consumer names him/her.
 - 3. Individuals under investigation are not permitted to be a part of the investigation team.
 - 4. Until the investigation is completed, the individual under investigation is prohibited from working for Pathways and will be considered on suspension without pay.
 - 5. Investigative findings will be reviewed and forwarded to the CEO. In the event that the investigation results in allegations being unsubstantiated, the employee will be reinstated with any missed back pay. In the event that the investigation results in the allegations being substantiated, the employee shall be terminated.
- B. Reporting Procedure of abuse or neglect where the alleged abuser is believed to be a parent, family member, or caretaker of the consumer:
 - 1. Reporting of abuse or neglect where the abuser is believed to be a parent, family member, or caretaker shall be immediately reported to the local Child Protection agency, Adult Protection agency, or local law enforcement agency, as appropriate, after consultation, if possible, with the Pathways Chief Compliance Officer and/or General Counsel.

2. The report shall name the person or persons thought to have caused or contributed to the consumer's condition (if known), and the report shall contain the name of such person if the consumer names him/her.

CRISIS NUMBER

Pathways, Inc. has an after hour's crisis number that is monitored by qualified staff. The number is 800-562-8909.

Pathways, Inc. will have a staff member on the premises at all times to accept referrals and accept consumers during regular business hours.

CODE OF ETHICS

Policy: To direct all employees, including full-time, part-time, and contract employees, on proper ethical behavior and conduct. Pathways requires that all individuals associated with the organization conduct themselves with the highest degree of ethical integrity. Pathways' ethical expectations with regard to service delivery, consumer interaction, and professional behavior are set forth herein.

I. Consumer Welfare

- A. Primary Responsibility – The primary responsibility of Pathways is to respect the dignity and to promote the welfare of consumers.
- B. Positive Growth and Development – Pathways encourages consumer growth and development in ways that foster the consumer's interest and welfare; Pathways avoids fostering dependent consumer relationships.
- C. Treatment/Service Plans – Pathways employees and their consumers work jointly in devising integrated, individual treatment/service plans that offer reasonable promise of success and are consistent with abilities and circumstances of consumers. Pathways employees and consumers regularly review treatment/service plans to ensure their continued viability and effectiveness, respecting consumers' freedom of choice.
- D. Family Involvement – Pathways recognizes that families are usually important in consumers' lives and strives to enlist family understanding and involvement as a positive resource, when appropriate.
- E. Career and Employment Needs – Pathways works with its consumers in considering employment in jobs and circumstances that are consistent with consumers' overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Pathways neither places nor participates in placing consumers in positions that will result in damaging the interest and the welfare of consumers, employers, or the public.

II. Respecting Diversity

- A. Nondiscrimination – Pathways does not condone or engage in discrimination based on race, creed, religion, sex, national origin, age, disability, veteran status, or any other characteristic or class protected by federal, state, or other applicable law.

- B. Respecting Differences – Pathways employees actively attempt to understand the diverse cultural backgrounds of the consumers with whom they work. This includes, but is not limited to, learning how the agency’s own cultural/ethnic/racial identity impacts the values and the beliefs about the therapeutic process.

III. Consumer Rights

- A. Disclosure to Consumers – When treatment/service is initiated, and throughout the treatment/service process as necessary, Pathways employees inform consumers of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Pathways employees take steps to ensure that consumers understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Consumers have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment/ service team professionals; to obtain clear information about their case records; to participate in the ongoing treatment/service plans; and to refuse any recommended services and be advised of the consequences of such refusal.
- B. Freedom of Choice – Pathways offers consumers the freedom to choose whether to enter into a therapeutic relationship and to determine which professional(s) will provide services. Restrictions that limit choices of consumers are fully explained.
- C. Inability to Give Consent – When treating minors or persons unable to give voluntary informed consent, Pathways employees act in these consumers’ best interests.

IV. Consumers Served by Others

- A. If a consumer is receiving services from another health care professional, Pathways employees, with consumer consent, inform the professional persons already involved and develops clear agreements to avoid confusion and conflict for the consumer.

V. Personal Needs and Values

- A. Personal Needs – In the therapeutic relationship, Pathways employees are aware of the intimacy and responsibilities inherent in the therapeutic relationship, maintain respect for consumers, and avoid actions that seek to meet their personal needs at the expense of consumers.
- B. Personal Values – Pathways is aware of its own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoids imposing its values on consumers.

VI. Dual Relationships

- A. Avoid When Possible – Pathways is aware of its influential positions with respect to consumers, and it avoids exploiting the trust and dependency of consumers. Pathways makes every effort to avoid dual relationships with consumers that could impair professional judgement or increase the risk of harm to consumers. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with consumers.) When a dual relationship cannot be avoided, Pathways takes appropriate professional precautions, such as informed consent, consultation, supervision, and

documentation to ensure that judgement is not impaired and no exploitation occurs.

- B. Superior/Subordinate Relationships – Pathways does not accept, as consumers, individuals who are superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

VII. **Sexual Intimacies with Consumers**

- A. Current Consumers – Pathways employees do not have any type of sexual intimacies with consumers and do not counsel persons with whom they have had a sexual relationship.
- B. Former Consumers – Pathways employees should consult their respective licensure boards, laws, regulations, and ethical standards regarding the engagement of sexual intimacies with former consumers after termination of the therapeutic relationship. Pathways employees who engage in such relationships within the limits set forth by their respective licensure board, law, regulation, and ethical standards have the responsibility to examine and document thoroughly that such relations do not have an exploitative nature, based on factors such as duration of treatment/service, amount of time since treatment/services, termination circumstances, consumer’s personal history and mental status, adverse impact on the consumer, and actions by the employee suggesting a plan to initiate a sexual relationship with the consumer after termination.

VIII. **Multiple Consumers**

- A. When Pathways agrees to provide therapeutic services to two or more persons who have a relationship (such as husband and wife, or parents and children), Pathways employees clarify at the outset which person or persons are consumers and the nature of the relationship they will have with each involved person. If it becomes apparent that Pathways employees may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

IX. **Group Work**

- A. Screening – Pathways screens prospective group counseling/therapy participants. To the extent possible, Pathways employees select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.
- B. Protecting Consumers – In a group setting, Pathways employees take reasonable precautions to protect consumers from physical or psychological trauma.

X. **Fees and Bartering**

- A. Advance Understanding – Pathways employees clearly explain to consumers, prior to entering the therapeutic relationship, all financial arrangements related to professional services.
- B. Bartering Disallowed – Pathways employees refrain from accepting goods or services from consumers in return for therapeutic services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship.

XI. Termination and Referral

- A. Abandonment Prohibited – Pathways does not abandon or neglect consumers in treatment/service. Pathways employees assist in making appropriate arrangements for the continuation of treatment/services, when necessary, during interruptions such as vacations, and following termination.
- B. Inability to Assist Consumers – If Pathways determines an inability to be of professional assistance to consumers, it avoids entering or immediately terminates a therapeutic relationship. Pathways employees are knowledgeable about referral resources and suggest appropriate alternatives. If consumers decline the suggested referral, Pathways should still discontinue the relationship, and employees should document reasons for termination, proposed referrals, and consumer's acceptance or rejection of suggested referrals.
- C. Appropriate Termination – Pathways will terminate a therapeutic relationship, securing consumer agreement when possible, when it is reasonably clear that the consumer is no longer benefitting, when services are no longer required, when treatment/services no longer serve the consumer's needs or interests, or when agency or institution limits do not allow provision of further therapeutic services.

Procedures:

If there is a claim that an employee or contractor has violated the Code of Ethics, the following steps shall be followed:

- I. An Incident Report will be completed pursuant to the Critical Incident Reporting policy and procedure as soon as practicable and submitted/forwarded to the Director of Human Resources.
- II. Investigation into the claim will be initiated within two business days by the Director of Human Resources or his/her designee.
- III. After completion of the investigation, the Director of Human Resources will document the investigation and meet with the party or parties involved.
- IV. A decision will be rendered by the Director of Human Resources, and discipline for a substantiated violation, up to termination if appropriate, of this policy will be written and placed into the offending employee's personnel chart.
- V. Nothing in this policy and procedure should be construed to limit or eliminate any mandatory reporting requirements that may be in place concerning Pathways and/or its employees, and Pathways shall, in all respects, comply with applicable law in the application of this policy and procedure.

References: http://www.counseling.org/resources/ACA_Ethics.pdf; Health Insurance Portability and Accountability Act of 1996 (HIPAA); 42 CFR Part 2; Health Information Technology for Economic and Clinical Health Act (HITECH); Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Age Discrimination Act of 1975; Vietnam Era Veterans' Readjustment Assistance Act of 1974; Kentucky Revised Statutes Chapter 207; Kentucky Revised Statutes Chapter 344; Kentucky Revised Statutes Chapter 2.015; Kentucky Revised Statutes Chapter 214 et seq.; Kentucky Revised Statutes Chapter 216B.400; Kentucky Revised Statutes Chapter 387.660; Kentucky Revised Statutes Chapter 387.065; 902 KAR et. seq.

FINANCIAL OBLIGATIONS OF CONSUMERS

When a consumer has been determined to be eligible for services in the program, the organization will discuss all financial obligations with the recipient.

PHYSICAL RESTRAINT

Policy: It is Pathways' policy to not utilize physical restraint.

Procedures:

The following non-exhaustive list contains examples of prohibited restraints:

- A. Mechanical restraints
- B. The use of prone and supine physical restraints
- C. Forced exercise
- D. Electric shock
- E. Seclusion
- F. Enclosed cribs or barred enclosures
- G. Corporal punishment
- H. Any procedure which denies requisite sleep, shelter, bedding, food, drink, or use of bathroom facilities

SECLUSION POLICY

Policy: Pathways staff is **not authorized** to use any form of seclusion to stop or divert a consumer's behavior. Seclusion is defined as the separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion.

Procedures:

- I. Pathways staff may attempt to defuse potentially violent situations using:
 - A. Verbal preventive intervention techniques and strategies; and
 - B. When necessary, staff may call 911 to contain the behavioral emergency.
- II. For additional guidance on how to deal with out-of-control behavior, see the Physical Restraint/Emergency Intervention policy.

TOBACCO/SMOKING

Policy: It is the policy of Pathways that smoking (including the use of e-cigarettes or other vaping device) and or tobacco use within Pathways facilities or in Pathways owned or leased vehicles is prohibited.

Procedures:

- I. Smoking, tobacco use, and/or the use of e-cigarettes/vaping devices is prohibited within Pathways facilities and within 50 feet of all doors, windows, and ventilation returns and units. If a local law/ordinance is in effect concerning smoking, tobacco use, and/or the use of e-cigarettes/vaping devices, the more restrictive option shall be utilized.

- II. Employees who use their own vehicle to transport consumers are prohibited from smoking, tobacco use, and/or the use of e-cigarettes/vaping devices in their vehicle while occupied by a consumer. Employees are not restricted from smoking, tobacco use, or using e-cigarettes or vaping devices in their personal vehicles when those vehicles are not occupied by a consumer.
- III. This policy applies equally to all employees, consumers, visitors, or agents. Employees who violate this policy may be subject to discipline up to and including termination. Violations by consumers, visitors, or agents will be handled on an individual basis.
- IV. This policy is not to be construed to prohibit consumers from smoking, tobacco use, and/or the use of e-cigarettes/vaping devices in their personal vehicles.
- V. Employees who choose to smoke, use tobacco, or use e-cigarette/vaping devices are not entitled to more frequent breaks than those employees who do not smoke, use tobacco, or use e-cigarette/vaping devices. See Break Policy.

WEAPONS

Policy: It is the policy of Pathways to prohibit the possession of firearms or any other lethal weapon on Pathways property.

Procedures:

- I. "Pathways property" is defined as:
 - A. All Pathways owned or leased buildings and surrounding areas, such as sidewalks, walkways, driveways, and parking lots under Pathways' ownership or control.
 - B. This policy applies to all Pathways owned or leased vehicles.
 - C. It is not the intent of this policy to restrict a person from possessing a weapon in his/her personal vehicle, so long as that vehicle is not being used on Pathways business, i.e., to transport a consumer.
- II. This policy applies to all persons who enter Pathways' property, including but not limited to: all Pathways employees, contract employees, contractors, visitors, volunteers, consumers, interns, and students. A license to carry the weapon on the property does not supersede Pathways' policy. This policy does not apply to law enforcement personnel entering Pathways' property in the course of their employment.
- III. Examples of "lethal weapons" include, but are not limited to:
 - A. Firearms (pistols, revolvers, shotguns, rifles, and BB guns)
 - B. Knives (switchblades, gravity knives, or any knife other than an ordinary pocket knife)
 - C. Metal knuckles
 - D. Bows and arrows
 - E. Tasers
- IV. Signs shall be posted on the exterior door at each Pathways owned or leased building, announcing that carrying deadly weapons is prohibited.
- V. If a weapon is discovered:

- A. Pathways staff will immediately notify their supervisor/administration to receive instructions on how to handle the situation.
 - B. If necessary, Pathways staff will remove all other consumers and personnel from the location and immediately call the local authorities.
 - C. When necessary, Pathways staff members will attempt to isolate the consumer or personnel.
 - D. Staff will focus on assuring the safety of the consumers and other staff members.
 - E. Staff will avoid attempting to secure the weapon and will wait for proper authorities to arrive.
 - F. If a consumer, Pathways will notify the consumer's legal representative, if applicable, regarding the situation as soon as practicable.
 - G. Pathways may press charges with the local authorities when appropriate and participate fully in their investigation.
 - H. Pathways will meet with consumer and/or consumer's legal representative within two business days (if possible) of the incident to discuss the consumer's status in the program. A consumer who violates this policy may be subject to dismissal and exclusion from Pathways' programs.
 - I. A Critical Incident Report must be completed within one business day after the incident.
- VI. Any employee who violates this policy may be subject to discipline, up to and including termination.

HANDLING OF DRUGS DISCOVERED ON PATHWAYS PREMISES

Policy: It is the policy of Pathways to prohibit the possession of illegal drugs, alcohol, and illicit drugs on Pathways premises. This applies to all employees, visitors, and consumers on Pathways property.

Procedures:

- I. Pathways will adhere to the following procedures concerning illegal drugs, illicit drugs, and/or alcohol discovered on Pathways premises:
 - A. Alcohol:
 - 1. The consumption or distribution of alcohol on the organization's premises is strictly prohibited unless at a sanctioned Pathways event. Use or distribution of alcohol while on the premises of the organization will result in the consumer or personnel being asked to leave the premises immediately. If the consumer is underage, the parents or the appropriate authorities will be contacted immediately.
 - B. Illegal/Illicit drugs:
 - 1. If illegal drugs are discovered on any consumer or personnel, staff will focus on the safety of the consumers and other staff members. Staff will call the local authorities for proper disposal of the illegal drugs.
 - 2. If illicit drugs are discovered on any consumer or personnel, the illicit drugs should be disposed according to the Safe Disposal of Medications policy.

3. Pathways staff will immediately notify the Supervisor/Administration to receive any additional instructions on how to handle the situation.
 4. Pathways may press charges with the local authorities and participate fully in their investigation to the extent allowable by law.
 5. A Critical Incident Report shall be completed within 24 hours after the incident.
- C. Over-the-counter/prescription drugs:
1. If legal drugs are found with a consumer or personnel, the consumer or personnel is required to keep all legal drugs concealed and not freely visible.
 2. Consumers are not allowed to dispense any legal drugs to any other consumer or personnel while on the organization's premises.
 3. Prescription drugs are allowed for consumers and personnel when the medication is in a prescription bottle with the consumer's or personnel's name on the bottle.
- D. Any employee who violates this policy may be subject to discipline up to and including termination.

MISSED APPOINTMENT POLICY

Policy: To provide individual services to consumers in the most effective and efficient manner possible by limiting or eliminating missed appointments.

Procedures:

- I. When a consumer presents at a Pathways office for services, the visit must be recorded by using one of the following options:
 - A. **Scheduled** – A consumer presents to the office for a scheduled appointment.
 - B. **Un-Scheduled** – A consumer presents to the office, without a prior appointment scheduled (i.e., walk-ins and Access Center walk-in referrals).
 - C. **Emergency** – A consumer presents to the office without a prior appointment scheduled, and indicates that this visit is a crisis (i.e., walk-ins, school emergency assessments, and Access Center walk-in referrals).
- II. When an appointment does not occur as scheduled, the appointment must be recorded as a missed appointment by using one of the following options:
 - A. Missed appointments related to a consumer's action or non-action:
 1. **Consumer Cancelled (less than 24 hours)** – A consumer calls less than 24 hours prior to the appointment to cancel, or Pathways calls to confirm an appointment but the client instead cancels **and does not** reschedule.
 2. **Consumer Cancelled** – A consumer calls more than 24 hours prior to the appointment to cancel **and does not** reschedule.
 3. **Consumer Rescheduled (less than 24 hours)** – A consumer calls less than 24 hours prior to the appointment to cancel the appointment **and does** reschedule a new appointment.

4. **Consumer Rescheduled** – A consumer calls more than 24 hours prior to the appointment and cancels the appointment **and does** reschedule a new appointment.
 5. **Did Not Keep Appointment or No-Show (DNKA)** – A consumer did not keep the appointment and did not call to cancel or reschedule.
- B. Missed appointments related to Pathways' action or non-action:
1. **Pathways Cancelled (less than 24 hours)** – Pathways cancels an appointment less than 24 hours prior to the appointment **and does not** schedule a future appointment.
 2. **Pathways Cancelled** – Pathways cancels an appointment more than 24 hours **and does not** reschedule an appointment.
 3. **Pathways Rescheduled (less than 24 hours)** – Pathways **reschedules** a consumer less than 24 hours prior to the appointment.
 4. **Pathways Rescheduled** – Pathways **reschedules** a consumer more than 24 hours prior to the appointment.
- III. Missed appointments, where a rescheduled appointment has **not** been made but are **not** defined as excessive, are to be addressed by the service provider. The service provider will identify a remedy to prevent future missed appointments. All conversations related to the missed appointment and remedies are to be documented in the EHR.
- A. The service provider must attempt to make contact with the consumer and/or family within 24 hours of receiving notice of the missed appointment.
- B. If the service provider is unsuccessful in making contact, the attempt(s) to contact must be documented in the EHR.
- C. Remedies to prevent and/or reduce future missed appointments include one or more of the following options:
1. Changing service plan to focus on reducing repeated crises;
 2. Finding solutions to transportation problems;
 3. Negotiating changes in services that would make them more valuable to consumers and/or families;
 4. Agreeing to terminate services or consumers and/or families who have decided not to continue in services;
 5. Discussing payment options to make the cost of services manageable for consumers and/or families.
- IV. Missed appointments, defined as excessive missed appointments, are to be addressed by the service provider. The service provider may identify an alternative scheduling option, or based upon the circumstances of missed or rescheduled appointments, allow the consumer to remain on a traditional schedule. All conversations between the service provider and the consumer related to excessive missed appointments and alternative scheduling options are to be documented in the EHR.
- A. Excessive missed appointments are defined as:

1. A consumer's rate of DNKA, Client Cancelled (less than 24 hours), or Client Rescheduled (less than 24 hours) exceeds 3 individual visits over a 90-day period, or
 2. Two consecutive DNKA, Client Cancelled (less than 24 hours), Client Rescheduled (less than 24 hours) over a 6-month period.
- B. Alternative scheduling options are:
1. Schedule appointments during off-peak hours only. Off-peak hours are times most consumers and/or families prefer not to have service appointments, i.e., generally weekday mornings and early afternoons for consumers and/or families with school-aged children using office-based and home-based services;
 2. No-Show Group (to be determined by location/program);
 3. Walk-In Clinic (to be determined by location/program);
 4. See the provider during their established personal walk-in hours;
 5. Same-day appointments – consumers and/or families can call and ask to see the service provider that day; if the service provider has no openings that day, the consumer and/or family can call again on another day for a same-day appointment;
 6. If no contact with consumer, case will be terminated.
- V. Services exempt from Missed Appointment Policy include:
- A. Intensive Outpatient consumers
 - B. DUI Court-ordered services
- VI. **Reducing Exposure to Failed Appointments** – Service providers can take steps to reduce their loss of productive time due to failed appointments, including:
- A. Schedule shorter service contacts of 15 or 30 minutes for consumers and/or families who are stabilizing and may benefit from a quick check-in versus a more involved intervention.
 - B. Negotiate the next appointment – When ending an appointment, ask consumers and/or families if they are able and willing to meet again and how soon, rather than automatically scheduling another session for “same time next week.”
 - C. Double-book by scheduling more than one family for the same appointment time or overlapping appointments (e.g., scheduling two 1-hour appointments in a 90-minute period); this is an especially useful strategy with consumers and/or families who have histories of appointment failures.
 - D. Maintain a “back-fill” list of clients who could be contacted on short notice to take an appointment time freed up by a cancellation.
 - E. Promote group services as a valuable and less-expensive alternative to continued individual and family sessions.
 - F. Encourage use of appointment reminders via MyPathwaysPortal.

PRIMARY THERAPIST

A primary therapist for each consumer will be assigned at the beginning of services. This individual will be the person that is responsible for identifying issues and designing a treatment/service plan that will meet the needs of each recipient individually. All questions that arise regarding goals and objectives should be brought to the attention of the assigned staff member.

RESTRICTION OF SERVICES

Pathways, Inc. reserves the right to restrict services in the event that the person served demonstrates behaviors or attitudes that are detrimental to the therapeutic process for themselves or others seeking services. Aggressive or extreme defiance, refusal to participate in treatment/services, denial of access to the person served, or hostile or threatening gestures to Pathways, Inc. personnel or consumers will result in the removal of the person served from some or all of the therapeutic services available.

Pathways, Inc. will attempt to continue delivering services to the person served in an environment that is more restrictive. When the Supervisor/Administrator determines that the behaviors or attitudes that cause restrictions have been resolved, the person served will be allowed to return to the previous level of services. If the behaviors or attitudes continue or worsen, the Primary Therapist will determine if the person served is in need of discharge or transition.

FIRE AND SAFETY NOTIFICATION

All consumers accepted into the program are oriented to all emergency exits, fire suppressant equipment locations, and how to access first aid supplies prior to beginning services.

ASSESSMENT PURPOSE AND PROCEDURE

The purpose of the assessment is to gather all needed data through interviews with the consumer, family members, essential others, and other stakeholders. The primary therapist will design a treatment/service plan that will address the identified issues and develop therapeutic strategies to resolve each issue. This assessment is the original information that guides treatment/services. There is a constant effort to assess the needs and desires of the person served throughout the individual's time in treatment/services.

DEVELOPMENT OF INDIVIDUAL PLAN OF CARE

Pathways, Inc. develops an individualized plan of care for each person served. Staff uses the historical data collected at the time of evaluation and the current information gathered during assessment to identify therapeutic issues and develop strategies to address these needs. The person served has input into this process from the beginning of treatment/services. The person served has the right to change or refuse any of the goals that are developed over the course of treatment/services.

CRISIS/SUICIDE PREVENTION PLAN – PSYCHIATRIC ADVANCE DIRECTIVE

It is Pathways' policy for all consumers receiving crisis, mental health, and/or addiction treatment services to have a Consumer Crisis/Suicide Prevention Plan. The Consumer Crisis/Suicide Prevention Plan is designed to include steps taken by the individual, the individual's family, or significant other and a Pathways service provider to prevent a crisis by early acknowledgement and management of symptoms. In addition to the Crisis/Suicide/



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