



NOTICE OF PRIVACY PRACTICES

Effective: 02/01/2026

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

If you have any questions about this Notice, please contact our Privacy Officer listed at the end of this document.

Our Duty to Safeguard Your Protected Health Information

We are required by law to protect the privacy of your Protected Health Information ("PHI"), which includes information that identifies you and relates to your health condition, health care services, or payment for services.

We must:

- Follow the privacy practices described in this Notice
- Provide you with this Notice of our legal duties and privacy practices
- Notify you if a breach of your unsecured PHI occurs

We may change the terms of this Notice at any time. Any revised Notice will apply to all PHI we maintain and will be available in our facilities and upon request.

How We May Use and Disclose Your Protected Health Information

For Treatment, Payment, and Health Care Operations (TPO)

We may use and disclose your PHI without additional authorization for:

Treatment

Sharing information among your treatment team and with other providers involved in your care.

Payment

Billing and collecting payment from Medicaid, Medicare, private insurers, or other responsible parties.

Health Care Operations

Activities such as quality improvement, training, audits, licensing, compliance, legal services, appointment reminders, and administrative support.

We may share PHI with **business associates** who perform services on our behalf (such as billing or IT support). They are legally required to protect your information.

Uses and Disclosures Without Authorization (As Permitted by Law)

We may disclose PHI without your authorization in limited situations, including:

- When required by law (abuse, neglect, court orders)
- Public health reporting
- Health oversight and audits
- Coroners and medical examiners
- Approved research
- Serious threats to health or safety
- Certain government functions

Part 2 records have additional limits as described below.

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.

Special Protections for Substance Use Disorder Records (42 CFR Part 2)

Records related to substance use disorder (SUD) treatment receive additional federal protection under 42 CFR Part 2. These records **cannot be used to investigate or prosecute you** without your written consent or a court order that meets federal requirements.

Uses and Disclosures with Your Consent

You may provide a single written consent allowing your SUD records to be used and disclosed for **treatment, payment, and health care operations**, consistent with HIPAA and federal law. Likewise, we must obtain your written authorization for:

- Uses not described in this Notice
- Psychotherapy notes (with limited exceptions)
- Marketing communications
- Sale of PHI

You may revoke your authorization in writing at any time.

Redisclosure

Once disclosed to HIPAA-covered entities or business associates with proper consent, SUD records may be redisclosed as permitted under HIPAA, except where federal law continues to impose stricter limits.

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:

1. Request Restrictions

Ask us to limit uses or disclosures of your PHI (we are not required to agree except where required by law).

2. Request Confidential Communications

Ask that we contact you in a specific way or at a specific location.

3. Access Your Records

Request to inspect or receive copies of your PHI in paper or electronic form (generally within 30 days).

4. Request Amendments

Ask us to correct or add to your PHI.

5. Receive an Accounting of Disclosures

Request a list of certain disclosures made in the past six years.

6. Receive a Copy of This Notice

In paper or electronic form.

7. Be Notified of a Breach

You will be notified if your unsecured PHI is compromised.

8. Restrict Disclosure to Health Plans

If you pay in full out-of-pocket for a service, you may request that information not be shared with your health plan.

9. Opt Out of Fundraising Communications

If applicable, you may opt out of receiving fundraising communications.

FILING A COMPLAINT

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:

Our Privacy Officer (see contact below) or with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

www.hhs.gov/ocr

We will not retaliate against you for filing a 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.
1300 Central Avenue, 2nd Floor
P.O. Box 790
Ashland, KY 41105-0790

Phone: 606-329-8588 Ext. 4075

Toll Free (KY): 800-562-8909

Email: Marie.Sublett@pathways-ky.org