Section 2: Patient Rights and Privacy



NUMBER TO CALL

We are available 24 hours a day, 7 days a week.
Please call us with any questions or concerns.

800-939-1855

IMPORTANT PHONE NUMBERS MASSACHUSETTS

State Home Health Hotline:
800-462-5540
This office is open from 8:45 am to 5 pm Mondays through Fridays. If voicemail answers, leave a message and your call will be returned. The purpose of this hotline is to receive complaints or questions about home health agencies and to lodge complaints concerning the implementation of advance directives.

Accreditation Commission for Home Care (ACHC)
Hotline: 855-937-2242

Elderly Abuse Hotline:
800-922-2275
Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, MA 02108

Agency on Aging: 413-527-6425
Massachusetts Council on Aging
116 Pleasant Street, Suite 306
Easthampton, MA 01027

Center for Independent Living:
617-338-6665
Boston Center for Independent Living
60 Temple Place, 5th Floor
Boston, MA 02111

Protection and Advocacy Agency:
800-436-7757
Office of Patient Protection
50 Milk Street, 8th Floor
Boston, MA

Aging and Disability Resource Center: 617-204-3600
Massachusetts Rehabilitation Commission
600 Washington Street
Boston, MA 02011

Quality Improvement Organization:
617-753-8000
Massachusetts Bureau of Health Care Safety and Quality
75 Forest Street,
Marlborough, MA 01752

PATIENT RIGHTS

This section details your patient and privacy rights
as provided by Medicare and state regulations.

YOUR PATIENT RIGHTS

Here are your patient rights. We take these very seriously. Your court appointed legal representative or someone of your choosing may also exercise these rights.

Patients have the right:

- To be treated with consideration, respect, and full recognition of the patient's dignity and individuality including privacy in treatment and personal care.
- To have his or her property treated with respect.
- To be free from verbal, mental, emotional, psychological, sexual, and physical abuse, including exploitation, injuries of unknown source, neglect, and misappropriation of property.
- To make complaints to Pathways regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of Pathways.
- To participate in, to be informed about, and to consent or refuse care in advance of and during treatment, where appropriate with respect to:
  - Completion of assessments
  - The care to be furnished, based on the comprehensive assessment
  - Establishing and revising the plan of care
  - The disciplines that will furnish the care
  - The frequency of visits
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
  - The factors that could impact treatment effectiveness, and
  - Any changes in the care to be delivered.
- To receive all the services outlined in the plan of care.
- To have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.
- To be advised, orally and in writing of:
  - The extent to which payment for services many be expected from Medicare, Medicaid or other federally funded or federal aid program
  - The charges for services that many not be covered by Medicare, Medicaid, or other federally funded or federal aid program known to Pathways
  - The charges the individual may have to pay before care is initiated

    - Any changes in the information provided in accordance with 42 CFR 484.50 (c)(7). Pathways will advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. Pathways must comply with the patient notice requirements 42 CFR411.408(d)(2) and 42 CFR411.408(f).
- To receive proper written notice in advance of specific service being furnished, if Pathways believes that the service may be non-covered care; or in advance of Pathways reducing or terminating on-going care. Pathways must also comply with the requirement of 42 CFR 405.1200 through 405.1204.
- To be advised of the state toll free home health telephone hot line, its contact information, its hours of operation, and that its purpose is to receive complaints about local home health agencies.
- To be advised of the names, addresses, and telephone numbers of the following federally funded and state funded entities that service the area where the patient resides:
    - Agency on Aging
    - Center for Independent Living
    - Protection and Advocacy Agency
    - Aging and Disability Resource Center
    - Quality and Improvement Organization
- To be free from discrimination, reprisal, or restraint for exercising his/her rights or for voicing grievances to Pathways or an outside agency.
- To be informed of the right to access to auxiliary aids and language services and how to access these services.
- To be able to identify visiting personnel members through agency photo identification and be informed of the name, licensure status and staff position and employer of all persons with whom the patient has contact.
- To choose a health care provider, including an attending physician or allowed practitioners.
- To be informed of any financial benefits when referred to a home health agency.
- To receive appropriate care without discrimination in accordance with physician or allowed practitioner orders. (See Non-discrimination policy.)
- To be informed that care is evaluated through the provider's quality assurance program.
- To be free from chemical and physical restraints except as authorized in writing by a physician.
- To refuse experimental treatment or participate in research unless patient has given written consent.
- To be informed how to execute advance directives which allow you to document your wishes for end-of-life medical care.

PATIENT RESPONSIBILITIES

While patients have rights, they also have the following responsibilities:

- To let Pathways know if they will not be home when a visit is scheduled
- To verify the identity of all healthcare providers
- To accept all caregivers without regard to race, color, religion, gender, sexual orientation, age, handicap, or national origin/ethnicity
- To remain under the care of a physician in the state in which services are being provided
- To sign all the necessary consents and release of information forms
- To accept the consequences for any refusal of treatment or choice on non-adherence to your plan of care including changes to insurance reimbursement eligibility
- To provide Pathways with a complete and accurate health history and continued health information
- To participate in the plan of care by asking questions and expressing concerns
- To provide a safe home environment in which care can be provided
- To treat Pathways staff with respect and consideration
- To cooperate with your physician, Pathways staff, and other health care professionals
- To provide requested insurance and financial information and make sure it is kept up-to-date
- To secure all firearms and weapons
- To ensure, during inclement weather, walkways and driveways are cleared
- To refrain from keeping illegal drugs and/or substances in your possession
- To confine pets
- To protect your valuables by storing them in an appropriate manner
- To not smoke or use alcohol or be under the influence of alcohol in the presence of Pathways' staff
- To advise Pathways of any dissatisfaction with your care

YOUR PRIVACY RIGHTS

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

At Pathways, we are committed to keeping your health information private, and we are required by law to respect your confidentiality. This Notice describes the privacy practices of Pathways. This Notice applies to all of the health information that identifies

you and the care you receive at Pathways. Your health information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. Federal and state laws require Pathways to protect your health information and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following sections describe different ways that we may use and disclose your medical information. We will describe each section and give you some examples. We will follow all applicable federal and state laws related to the protection of this information. Some information such as certain mental health and HIV information and certain drug and alcohol information is entitled to special restrictions by state and federal laws. Not every use or disclosure will be listed.

To Provide Treatment. Pathways may use your health information to coordinate care within the agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist us in coordinating your care. For example, physicians involved in your care will need information about your symptoms to prescribe appropriate medications. We may also disclose your health care information about you to people outside Pathways involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. We may use and disclose health information about you so that we may bill and collect payment from an insurance company, another third party or you for the care you received from us. For example, we may be required to provide information regarding your health care to your insurance plan so that we may be reimbursed for the care we provided to you. We may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. We may use and disclose health information for Pathways operations and for quality of care and clinical staff activities. For example, we may review medical information to find ways to improve care and services to our patients and evaluate staff performance.

Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.

- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

Appointment reminders. We may contact you to remind you that you have an appointment for a home visit.

When Legally Required. We may disclose your health information when it is required to do so by any Federal, State or local law, for example to courts, attorneys and court employees when we get a court order, summons or other lawful instruction.

Public Health Disclosures. We may disclose your health information for public activities and purposes such as;

- Preventing or controlling disease, injury or disability.
- Reporting vital events such as birth or death.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
- Notifying the appropriate government authority as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health-oversight activities. We may disclose medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

For Law Enforcement Purposes. If asked to do so by law enforcement, and as authorized or required by law, we may release medical information

- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- In an emergency in order to report a crime.

Coroners, medical examiners and funeral directors. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

For Organ, Eye Or Tissue Donation. Pathways may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

In the Event of A Serious Threat To Health Or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your health information if, in good faith, we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize Pathways to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities and protective services for the President and others.

For Worker's Compensation. We may release your health information for worker's compensation or similar programs.

Business Associates. Pathways may share your medical information with third-parties referred to as “business associates” that provide various services to or for us, or on our behalf, such as billing, transcription, software maintenance and legal services.

For Research Purposes. Pathways may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your medical records are the property of Pathways Healthcare LLC. You have the following rights however regarding health information we keep about you.

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Pathways’ disclosure of your health information to someone who is involved in your care or the payment of your care. However, we are not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer as explained at the end of this notice.

Right to receive confidential communications. You have the right to request that we communicate with you in a certain way. For example, you may ask that we only communicate with you regarding your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact Pathways Administrator at 800-939-1855. We have the right to request that you provide a reason for your request and will attempt to honor reasonable requests. However, if we are not able to contact you using the requested ways, we may contact you using information we have.

Right to inspect and copy your health information. You have the right to inspect and/or receive a copy of your health information, including billing records. There are certain exceptions such as psychotherapy notes, information collected for certain legal proceedings and medical information restricted by law.

You are required to submit your request in writing to your caregiver or Pathways as directed at the end of this Notice. We may charge you a reasonable fee for copying your records. We may deny access, under certain circumstances, such as if we believe it may

endanger you or someone else. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Right to amend health care information. If you believe that health information about you is incorrect or incomplete, you may ask us to amend the information. You may ask for an amendment as long as the information is kept by or for Pathways. You are required to submit your request in writing to the contact at the end of this notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and amend your information. We cannot take out the information in your record, we add the information you provided as an addendum. If we deny your request we will give you a written explanation.

For example, your request may be denied if your health information records were not created by Pathways, if the records you are requesting are not part of the medical and/or billing record, or if, in the opinion of Pathways, the records containing your health information are accurate and complete and/or the request if it is not in writing or does not include a reason for the amendment.

Right to an accounting of disclosures. You have the right to receive a list of the disclosures we have made of your medical information in the six years prior to your request. This list will not include disclosures made:

- to carry out treatment, payment and health care operations
- to you or your personal representative
- incident to a permitted use or disclosure
- to parties you authorize to receive your medical information
- to your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition or death
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials, or

Right to request a disclosure. You have the right to request that we disclose your medical information for reasons not provided in this Notice. For example, you may want your lawyer to have a copy of your medical records. These requests must be provided to us in writing and must be on a HIPAA compliant authorization (permission) form. You have the right to withdraw this authorization (permission) at any time. Disclosures made based on your authorization (permission) cannot be taken back once they have been made.

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.

Duties of Pathways. Pathways is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices.

Pathways will abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of its Notice and to make the new Notice provisions

effective for all health information that it maintains. If we change the Notice, we will provide a copy of the revised Notice to you or your appointed representative.

Questions or complaints. If you feel that your privacy rights have not been followed, you or your personal representative may file a written complaint with Pathways Healthcare LLC. Please send it to the address at the end of this Notice. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

If you would like to exercise any of the rights discussed in this Notice or have any questions, please contact:

Sean Talbot, Administrator and Privacy Officer
Pathways Healthcare LLC
Suite 240
101 Station Drive
Westwood, Massachusetts 02090
800-939-1855

Following are three notices Medicare asks that we share with you.