

**Grief Counseling and Support Groups:**

Pathways Hospice may use your health information for purposes of providing you treatment and conducting health care operations. Your health information may be used or disclosed only after Pathways Hospice has obtained your written consent. Pathways Hospice has established a policy to guard against unnecessary disclosure of your health information including privileged information. The following is a summary of the circumstances under which and purposes for which your health information may be used after you have provided consent:

1. **For treatment.** Pathways Hospice may use your health information to coordinate care within Pathways Hospice and with others involved in your care.
2. **For payment.** Pathways Hospice may include your health information in invoices to collect payment from third parties for the care you receive from Pathways Hospice.
3. **To conduct healthcare operations.** Pathways Hospice may use and disclose healthcare information for its own operation in order to facilitate the function of Pathways Hospice and as necessary to provide quality care.
4. **For fundraising activities.** Pathways Hospice may aggregate client information like age, ethnic background, etc for grant applications.
5. **To report abuse, neglect or domestic violence.** Pathways Hospice is obligated to notify government authorities if Pathways Hospice believes a client is the victim of abuse, neglect or domestic violence. Pathways Hospice will make this disclosure only when specifically required or authorized by law or when the patient wishes to initiate such a disclosure. If Pathways Hospice believes that your life is in danger, we will contact necessary agencies.
6. **To conduct health oversight activities.** Pathways Hospice may disclose your health information to an oversight agency for activities including audits, criminal investigations, inspections, licensure or disciplinary action.
7. **In connection with judicial and administrative proceedings.** Pathways Hospice may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court like a subpoena.

**Client Rights:** Clients have the right to:

- a. Request restrictions on certain uses/disclosure of your healthcare information
- b. Receive confidential communications
- c. Inspect and receive a copy of your healthcare information
- d. Make an amendment of your healthcare information
- e. An accounting of disclosures of your healthcare information
- f. A copy of this agreement
- g. Make a complaint to Pathways Hospice at 970-663-3500 (Compliance & Privacy Officer) or State of Colorado Home Care Agency at 1-800-842-8826.

**Grief Counseling**

Your right as a client, as established under Colorado State Law in House Bill 1026, are:

- a. You are entitled to receive information about methods of therapy, techniques used, the duration of therapy and the fee structure.
- b. You may seek a second opinion from another therapist or may terminate therapy at any time.
- c. In a professional relationship, sexual intimacy is never appropriate and should be reported.
- d. The information provided by the client during therapy sessions is legally confidential. Your therapist will identify certain legal exceptions to you.
- e. The Colorado Department of Regulatory Agencies, State Grievance Board, 1560 Broadway, Suite 1370, Denver, 80202, (303) 894-7766, regulates these rights. Grievances should be reported to this agency.

The client agrees to:

- a. Make every effort to keep counseling appointments; and give notice if unable to keep appointment.
- b. Give written consent for release of appropriate counseling information to necessary parties, (i.e., physician, therapist, school, referral source).
- c. Make arrangements to pay for counseling at time of service.

Pathways Hospice will:

- a. Provide therapy based on your needs/issues related to this loss.
- b. Certify that the therapist is trained and licensed (or supervised by a licensed professional) as appropriate for the required level of care; and
- c. Refer when necessary.

**Duties of Pathways Hospice**

Pathways Hospice 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 Hospice is required to abide by terms of this Notice as may be amended from time to time. Pathways Hospice reserves 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 Pathways Hospice changes its Privacy Notice, Pathways Hospice will provide a copy of the revised Notice to you or your appointed representative.

If you or your representative believe that your privacy rights have been violated, you or your personal representative have the right to express complaints to Pathways Hospice at 970-663-3500 or to the State of Colorado Home Care Agency at 1-800-842-8826. Any complaints to the Pathways Hospice should be made in writing to *Quality and Compliance Officer and/or the Chief Executive Officer* at Pathways Hospice. Pathways Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**CONTACT PERSON:** Pathways Hospice's contact person for all issues or questions regarding patient privacy and your rights under the Federal privacy standards is:

*Pathways Hospice  
Quality and Compliance Officer  
305 Carpenter Road, Fort Collins, CO 80525  
Phone 970.663.3500.*

**EFFECTIVE DATE:** This Notice is effective September 1, 2003. This notice was revised on October 10, 2005. This notice was revised August 2, 2006 for address and title changes. This notice was revised January 15, 2009 for agency name and Website changes.

I understand the Pathways Counseling Services and have received a copy of Pathways Hospice's Notice of Privacy Practices for counseling services.

Client printed name \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist signature