

# Notice of Privacy Policies & Practices

Pathway to Peace

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## ***NOTICE OF PRIVACY PRACTICES***

Effective Date: November 01, 2025

THIS NOTICE DESCRIBES HOW PERSONAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY GAIN ACCESS TO AND REQUEST AMMENDMENT OF YOUR PERSONAL MEDICAL INFORMAITON.

### **PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your medical record contains personal information about you and your health. This information, which may identify you, your past, present, or future physical and/or mental health, and past, present, or future physical and/or mental health treatment, is referred to as Protected Health Information (PHI). This Notice describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (HIPPA), and regulations promulgated under the HIPPA. This Notice also describes your rights regarding how you may gain access to and control your PHI.

As medical providers, we are legally required to maintain the privacy of client PHI and to provide notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Policies & Practices. We reserve the right to change the terms of the Notice of Privacy Policies & Practices at any time. Any changes to this Notice are effective for all PHI maintained by Pathway to Peace at the time of the implemented change and voids any previously implemented Notice. You may access and review the current Notice of Privacy Policies & Practices via the company website at [www.pathwayky.com](http://www.pathwayky.com) under the POLICIES & PROCEDURES tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com).

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## **I. HOW WE MAY USE AND DISCLOSE YOUR PERSONAL PROTECTED HEALTH INFORMATION:**

1. **FOR TREATMENT.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.
2. **FOR PAYMENT.** We may use and disclose PHI so that we receive payment for the treatment services provided to you. Examples of payment-related activities include, but are not limited to, making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
3. **FOR HEALTH CARE OPERATIONS.** We may use or disclose, as needed, your PHI in order to support our business and operational activities. Examples of business and operational activities include but are not limited to quality assessment, employee review, and licensing. We may share your PHI with third parties that perform various operational activities, such as billing or document transcription, provided we have a written contract with the third party expressly safeguarding the privacy of your PHI. Should we wish to utilize your PHI for training or educational purposes, we can only do so with your authorization.
4. **UPON YOUR REQUEST.** By law, we must disclose your PHI to you upon your request. If you elect to receive and/or review your medical record, you may do so by completing the Medical Records Request Form via the agency website at [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab. Your medical record will be provided in digital form via email, or fax, or via flash drive within **six (6) weeks** of our receiving your Medical Records Request Form. You may be charged a cost-based fee of **\$15.00** for processing your medical records request.
5. **UPON YOUR DEATH.** We may disclose the PHI of deceased clients as mandated by Kentucky law, or to a family member, friend, administrator or executor that is involved in your medical care, or payment for treatment. The PHI disclosed will be limited to the bare minimum necessary to complete the designated tasks of your estate. Please note that the PHI of persons who have been deceased for fifty (50) years or longer is not protected under the HIPPA.
6. **FOR MEDICAL EMERGENCIES.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. The PHI disclosed will be limited to the bare minimum necessary to provide quality emergent treatment by your medical team.
7. **TO CONSULT A LOVED ONE.** We may disclose information to your loved one(s) as necessary to prevent serious harm either to yourself or someone else, including your PHI. With your prior authorization, we may disclose PHI to your loved ones if he/she/they are involved in your medical treatment, as well. If you wish to add, remove, and/or change an authorized contact in your client account, you may do so by completing the APPROVED DISCLOSURE CONTACTS form, located on the agency website at [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com).

8. **FOR HEALTH OVERSIGHT ASSESSMENT.** We may disclose your PHI to a health oversight agency if required, for activities authorized by law, including but not limited to audits, investigations, and inspections. The oversight agencies seeking this information may include but are not limited to government agencies, regulatory organizations, and third-party payors.
9. **LAW ENFORCEMENT.** We may disclose your PHI to a law enforcement official, and/or agency as required by legal or ethical regulation. In order to remain compliant with a subpoena, court order, administrative order, or similar legal document, your PHI may be disclosed for the purpose of identifying a subject, material witness, or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises, among other legally and ethically binding reasons.
10. **SPECIALIZED GOVERNMENT FUNCTIONS.** We may disclose your PHI to the United States Military Command authorities, national intelligence and security agencies, and the Department of State in accordance with your written consent, mandatory disclosure regulation, or the legal and ethical obligation to prevent serious harm.
11. **PUBLIC HEALTH.** We may use or disclose your PHI for mandatory public health activities to any public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with said public health authority.
12. **PUBLIC SAFETY.** We may disclose your PHI if doing so may reasonably prevent or lessen a serious, imminent threat to the health or safety of any person or the general public at large. If your PHI is disclosed to prevent or lessen a serious, imminent threat, it may be disclosed to any person or persons reasonably able to prevent or lessen the threat, including but not limited to the potential target of said threat.
13. **WITH AUTHORIZATION.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent to which we have already made a use or disclosure based upon your prior authorization. In order to add, revoke, or change authorized use and/or disclosure of your PHI, you may complete the AUTHORIZED RELEASE OF INFORMATION form located on the agency website at [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com).

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## **II. MANDATED REPORTING:**

As health care professionals licensed in Kentucky, we are legally and ethically bound by mandated reporting law and regulation. We are considered 'mandated reporters', meaning there are situations in which we may be legally required to disclose certain aspects of your PHI in order to protect you, or others from imminent danger, and/or potential harm. The governmental agency to whom we report is dependent upon the situation at hand, and the location of the imminent danger and/or threat. We are mandated to report the following:

1. **CHILD ABUSE/NEGLECT.** If there is reasonable suspicion or knowledge of child abuse or neglect, it is required by law to report this to the Kentucky Department for Community Based Services (DCBS) and/or law enforcement.
  2. **VULNERABLE ADULT ABUSE/NEGLECT.** If there is reasonable suspicion or knowledge of abuse or neglect of a vulnerable adult, such as an elderly person, a report must be made to Adult Protective Services (APS) and/or law enforcement.
  3. **THREATS OF HARM TO SELF.** If a client expresses direct intent to harm themselves and there is imminent risk, therapists are required by law to take steps to ensure the client's safety, which may include notifying family members, law enforcement, or mental health professionals.
  4. **THREATS OF HARM TO OTHERS.** If a client expresses direct intent to harm another person and there is imminent risk, therapists are required by law to warn the intended victim, and to notify law enforcement.
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### **III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI):**

As a client, you have the following rights regarding the health information we maintain about you, and how that information may be used:

1. **Right to Access:** You may request to inspect or receive a copy of your Protected Health Information (PHI) by completing the MEDICAL RECORD REQUEST form located on the agency website at [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com). Your medical record will be provided to you in digital form via email, or fax, or via flash drive within **six (6) weeks** of our receiving your Medical Record Request form. You may be charged a cost-based fee of **\$15.00** for processing your medical records request.
2. **Right to Request Amendment:** You may request corrections or changes be made to your Protected Health Information (PHI), including clinical documentation, should you believe it is incorrect or incomplete. All requests can be made via submitting the RECORD AMENDMENT REQUEST form located on the company website at [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com). Please note that all clinical and administrative staff can deny your request for amendment. If your request is denied, you will be informed of such via email within **six (6) weeks** of our receiving your Record Amendment Request form.
3. **Right to Confidential Communication:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We aim to accommodate most reasonable communication preference requests. We may require information regarding how payment will be handled or specifications of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request. If you wish to change your communication preference, you may submit a CONFIDENTIAL COMMUNICATION REQUEST form located on the company website [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com).

4. **Right to Request Information Sharing Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In this case, we are required to honor your request for a restriction. You may request such restrictions by completing the INFORMATION SHARING RESTRICTION REQUEST form located on the company website [www.pathwayky.com](http://www.pathwayky.com) under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com).
5. **Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures that we make regarding your PHI. If you wish to receive an accounting of disclosures report, you may complete the ACCOUNTING OF DISCLOSURES form located on the company website, [www.pathwayky.com](http://www.pathwayky.com), under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com). You may be charged an administrative fee of **\$15 per report**, if you request more than one report within a **twelve (12) month** period. Please allow **4-6 weeks** for completion and return of the Accounting of Disclosures Report, upon receipt of your ACCOUNTING OF DISCLOSURES REQUEST form.
6. **Right to Breach Notification:** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened, and what you can do to protect yourself. Such instances are rare as PHI is highly protected, however, should breach occur, you will be notified by a member of the Pathway to Peace care team in accordance with your Confidential Communication Preferences as soon as reasonably possible.
7. **Right to a Paper Copy of This Notice:** You have the right to request and receive a paper copy of the current Notice of Privacy Policies & Practices. You may access and review the current Notice via the company website, [www.pathwayky.com](http://www.pathwayky.com), under the POLICIES & PROCEDURES tab. You may request a paper copy of this Notice by submitting the PAPER NOTICE REQUEST form located on the company website, [www.pathwayky.com](http://www.pathwayky.com), under the FORMS tab, or by emailing the business office at [office@pathwayky.com](mailto:office@pathwayky.com). You may request a copy of this Notice at any time, regardless of if you previously agreed to receive the Notice electronically. Please allow **14 business days** for our office staff to successfully process your Paper Notice Request form.

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#### IV. COMPLAINTS:

You have the right to file a complaint, free from fear of retaliation, should you believe your privacy rights have been violated by any Pathway to Peace staff member. **Carolyn D. Akin** is the designated **Privacy Officer** at Pathway to Peace, a Turner Therapy and Wellness, LLC Company. You may file a complaint with Ms. Akins by completing the PRIVACY COMPLAINT form located on the company website, [www.pathwayky.com](http://www.pathwayky.com), under the FORMS tab, or by contacting her directly by the following means.

**Email:** [carolyn@pathwayky.com](mailto:carolyn@pathwayky.com) (*preferred*)

**Phone:** (606) 221-7272

**Fax:** (270) 310-8185

**Mail:** Pathway to Peace, c/o Carolyn Akin, 3610 Highway 1933, Jackson, KY 41339.

If you believe your privacy rights have been violated to a level of severity that it cannot be adequately and appropriately addressed within the company, you may file a complaint with the **US Department of Health and Human Services (HHS) Office for Civil Rights (OCR)**. Complaints can be filed online through the OCR Complaint Portal, or by mail, fax, or email using the following means:

**OCR Complaint Portal:** <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

**Mail to Regional Office:** US Department of Health & Human Services, Office for Civil Rights, Atlanta Federal Center, Suite 16T70, 61 Forsyth St. SW, Atlanta, GA 30303

**Phone:** (800) 368-1019

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***BY SIGNING BELOW I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. FURTHERMORE, I HAVE BEEN INFORMED OF WHOM TO CONTACT, AND PREFERRED CONTACT MEANS, SHOULD I HAVE ANY QUESTIONS OR CONCERNS REGARDING MY RIGHT TO PRIVACY GOING FORWARD.***