



Psychiatric Advance Directive (PAD)

What is a PAD?

A Psychiatric Advance Directive (PAD) lets others know the kind of mental health care you want and don't want if you are not able to tell them yourself. In Texas, PADs are called "Declarations for Mental Health Treatment."

A PAD lets you make choices about

- Emergency mental health care
- Medicine for mental illness
- Shock treatment (also known as electroconvulsive therapy or ECT)

Where do I start?

- Ask someone you trust to help.
- Find 2 witnesses to sign your PAD.

Witnesses cannot:

- Be under the age of 18
- Be a family member
- Work for your treatment provider

Where to Find More Info & Sample PADs:

National Resource Center on Psychiatric Advance Directives

www.nrc-pad.org/states/texas

Texas Department of Health and Human Services

bit.ly/DMHTform

Disability Rights Texas

1-800-252-9108

bit.ly/DMHTguide

National Alliance on Mental Illness

bit.ly/namiPAD

Where to Find Legal Help

You can make a PAD without a lawyer, but a lawyer can help you know your rights and PAD rules.

Legal Aid of NorthWest Texas

(800) 906-3045

<https://internet.lanwt.org/en-us>

Disability Rights Texas

1-800-252-9108

Texas Legal Services Center

866-979-4343

www.tlsc.org



Rights & Responsibilities

LCN: _____

Responsibilities of Individuals Receiving Services:

1. You have the responsibility to learn and understand each right you have under LifePath Systems LBHA. Additionally, you have the responsibility to:
 - a. ask questions if you don't understand your rights;
 - b. make changes in your provider in the ways established by LifePath Systems LBHA and the State;
 - c. keep your scheduled appointments;
 - d. cancel appointments at least 24-hours in advance when you cannot keep them;
 - e. use a LifePath Systems LBHA provider for all but emergency room care in an emergency or life threatening situation;
 - f. understand when it is appropriate to go to an emergency room and when it is not;
 - g. abide by LifePath Systems LBHA's policies and procedures, and obtain an explanation of these, if they are not understood, from the provider or LifePath Systems LBHA.
2. You have the responsibility to share information relating to your behavioral health status with your provider and become fully informed about behavioral health services and treatment options. This includes the responsibility to:
 - a. tell your provider about your behavioral health;
 - b. talk to your provider about your behavioral health needs and ask questions about alternative treatments;
 - c. help your provider obtain your medical records.
3. You have the responsibility to actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your behavioral health. That includes the responsibility to:
 - a. work as a team with the provider in deciding what care is best for you;
 - b. understand how things you do can affect your behavioral health;
 - c. do the best you can do to stay healthy; and
 - d. treat providers and staff with respect.

Rights of Individuals Receiving Services:

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. This includes the right to:
 - a. be treated fairly and with respect; and
 - b. know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a mental health or substance abuse provider from LifePath Systems LBHA's network of providers if you choose to do so. This includes the right to be informed about how to choose or change providers.
3. You have the right to ask questions and get answers about anything you don't understand. This includes the right to:
 - a. have your provider explain your behavioral health care needs to you and talk to you about the treatment alternatives;
 - b. be told why care or services were denied when requested or why services were modified from those requested.

4. You have the right to consent to or to refuse treatment and actively participate in treatment decisions. This includes the right to:
 - a. be treated in the least restrictive, clinically appropriate setting;
 - b. give permission for your family members to be involved in the treatment planning process;
 - c. work as a part of a team with your provider in the deciding what behavioral health care is best for you; and
 - d. give consent to the care recommended by the provider.

5. You have the right to utilize each available complaint process through LifePath Systems LBHA and through Medicaid and/or the State, if applicable. This includes the right to:
 - a. make a complaint to LifePath Systems LBHA or to the State about your behavioral health care, your provider, or your treatment plan;
 - b. get a timely answer to your complaint; and
 - c. for Medicaid recipients to request and receive a fair hearing, or for non-Medicaid members to ask for a review by an Independent Review Organization (IRO).

6. You have the right to timely access to care that does not have any communication or physical access barriers, This includes the right to:
 - a. have telephone access to a behavioral health professional twenty-four (24) hours a day, seven (7) days a week in order to obtain any needed emergency or urgent care;
 - b. get behavioral health care in a timely manner;
 - c. be able to get in and out of a behavioral health care provider's office, including barrier free access for persons with disabilities or other conditions limiting mobility, in accordance with the American with Disabilities Act;
 - d. have interpreters, if needed, during appointments with the providers and when talking about your treatment plan. Interpreters include people who can speak in our native language, assist with a disability, or help you understand the information, and
 - e. be given an explanation you can understand about behavioral health plan rules, including the behavioral health care services you can get and how to get them.

LifePath Systems (LPS) HIPAA Notice of Privacy Practices (NPP)

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.

About This Notice

This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law, it also describes your rights to access and control your protected health information, "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We will not use or share your information other than as described in this notice unless you tell us we can in writing, and you may change your mind at any time by letting us know in writing.

We are required by law to maintain the privacy of your protected health information; give you this notice of our legal duties and privacy practices with respect to your protected health information; and follow the terms of our notice that are currently in effect. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time as well as any information we receive in the future. You can obtain any revised Notice of Privacy Practices by contacting any LPS facility.

How We May Use and Disclose Your Protected Health Information

The following examples describe different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by LPS. We are permitted to use and disclose your protected health information for the following purposes. However, LPS may never have reason to make some of these disclosures.

For Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care treatment and any related services. We may also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time to time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

For Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health plan to obtain approval for hospital admission.

For Health Care Operations

We may use and disclose your protected health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use your protected health information to review the treatment and services you receive to check on the performance of our staff in caring for you. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel for educational and learning purposes. The entities and individuals covered by this notice also may share information with each other for purposes of our joint health care operations.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services

We may use and disclose your protected health information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Plan Sponsors

If your coverage is through an employer sponsored group health plan, we may share protected health information with your plan sponsor.

Others Involved in Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Required by Law

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority in efforts to prevent and/or reduce a serious threat to anyone's health and safety.

Business Associates

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse reactions, product defects or problems, biologic product deviations, track products to enable product recalls, or to conduct post marketing surveillance, as required by law.

Legal Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement

We may also disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of an LPS facility, and (6) medical emergency (not on LPS premises) and it is likely that a crime has occurred.

Criminal Activity

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation

Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

For Data Breach Notification Purposes

We may use or disclose your protected health information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan, if applicable, through which you receive coverage.

Marketing and Selling of Information

We will never share any of your protected health information for the purposes of marketing and selling, unless you give us written permission.

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again if preferred.

Required Uses and Disclosures

Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Section 164.500 et. seq.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. For example, a health plan is not permitted to use or disclose genetic information for underwriting purposes. Some parts of this Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact LPS for more information about these protections.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any). You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

Your Rights Regarding Health Information About You

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your protected health information that is contained in your designated file for as long as we maintain the protected health information. A "designated file" contains medical and billing records and any other records that your physician and LPS uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You must make a written request to inspect and copy your designated file. We may charge a reasonable fee for any copies.

Additionally, if we maintain an electronic health record of your designated file, you have the right to request that we send a copy of your protected health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your protected health information.

Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact our office if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also

request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

This office is not required to agree to a restriction unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you paid us out-of-pocket in full. If this office believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If this office does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your health care professional. You may request a restriction by contacting our office.

You have the right to restrict information given to your third party payer if you fully pay for the services out of your pocket. If you pay in full for services out of your own pocket, you can request that the information regarding the services not be disclosed to your third party payer since no claim is being made against the third party payer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our office.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in your designated file for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our office if you have questions about amending your medical record. Your request must be in writing and provide the reasons for the requested amendment.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records.

You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that this person has this authority and can act for you before we take any action.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You have the right to receive notice of a security breach. We are required to notify you if your protected health information has been breached. The notification will occur by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your protected health information. The notice will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

Complaints or Questions

You may complain to us if you believe your privacy rights have been violated by us. You may file a written complaint by notifying the LPS administration office of your complaint. We will not retaliate against you for filing a complaint. You may call the LPS patient/consumer hotline at (972) 372-0301, or reach our administration office by calling: (972) 562-0190 ext. 6112.

Additionally, you may file a complaint by contacting the Texas Health and Human Services Commission complaint hotline: 1-877-787-8999.

Or Region VI – Dallas, Office for Civil Rights, U.S. Department of Health and Human Services (214) 767-4056

If you have a question about this privacy notice, please contact our Privacy Officer at: (972) 562-0190 ext. 6112.

Effective Date: This notice is effective as of December 19, 2015.