



## **Our Mission**

The Pathways Center for Grief & Loss and the Journey Program will provide compassionate grief support surrounding serious illness and death through education and connection with others.

## **Our Vision**

We empower every person in our community to understand and embrace the uniqueness of grief while building connections with others and strengthening resilience.

## **Staff**

Our bereavement counselors have degrees in social work, counseling, or psychology. Volunteers with specialized training provide additional support in a variety of ways and are supervised by our bereavement counselors.

## **Confidentiality**

Our priority is to keep all information you share with us confidential. It will not be shared with anyone else without your written permission, unless you indicate intent to harm yourself or another, if we become aware that you or another individual has suffered abuse, or when required by local, State or Federal law.

Further details regarding our commitment to your privacy are described in the attached information on Choices Healthcare Notice of Privacy Practices.

## **Expectations**

You can expect to receive professional and caring support at all times from our staff. Regardless of whether you are seen individually or in a group session, you will have an opportunity to talk about your loss experience and identify issues or concerns you currently have. Know that, at first, some individuals find they experience their grief more intensely. We reassure you that this is a common occurrence. Trust that your reactions will become less intense as you continue on your grief journey.

Throughout your contact with our Centers, we are committed to helping you adjust in four key ways: 1) understand your grief experience, 2) acknowledge the reality of your loss and work through the pain that accompanies it, 3) adjust to your changed environment and the new roles that may result from experience with serious illness or loss, and 4) to reinvest your energies and focus into new areas of your life as you continue to progress on your Pathway and Journey through grief.

## **Limits of our Services**

Bereavement services are limited to grief education and support. Our focus is to provide information about common grief and loss issues and the opportunity to be in a supportive environment to explore what would be helpful to you in coping with serious illness or loss. It is not uncommon for people to need professional assistance beyond the scope of the services we offer. In these circumstances we recommend additional support through local resources that specialize in counseling services and psychotherapy.

## **Financial Responsibility**

Most of the services are offered at no cost. Any fees that apply to programs or services are clearly defined and included in all promotional materials.

## **NOTICE OF PRIVACY PRACTICES**

**Effective March 2025**

**This notice describes how information about you may be used and disclosed by the organization, how you may access this information, how to file a HIPAA complaint and your right to receive a copy of this notice. All clients admitted to the care of Choices Healthcare Pathways Center for Grief & Loss and The Journey Program receive this notice. Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer, who is available at the Lancaster office or by phone at (717) 295-3900, and email at [privacyofficer@choiceshealth.org](mailto:privacyofficer@choiceshealth.org)**

This notice describes our organization's practices and that of:

- Any bereavement professional authorized to enter information into your bereavement record or assist in the coordination of your care.
- Any volunteer or student we allow to help you while you are receiving services from the Pathways Center.
- All employees and other organization personnel.

We understand that information about you and your health is personal. We are committed to protecting that information. We create a record of the care and services that you receive from our organization. We need this record in order to provide you with quality care and comply with certain legal requirements. This notice applies to all records of your care generated by our organization.

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

For each category described below, we will provide an explanation and example. Not every use or disclosure is listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Education and Support Services**

Information may also be shared with other health care providers outside of our organization with your permission, such as your physician, community therapist, or school counselor in order to coordinate the follow up that you may need. If the safety of yourself or others is in jeopardy, we may provide information about you to Crisis Intervention or Law Enforcement without your consent.

#### **For Bereavement Operations**

We may use and disclose information about you for bereavement operations. These uses and disclosures are necessary to run our Centers and to provide quality care to all of our clients. For example, we may use information to review our care and services and to evaluate the performance of our staff supporting you. We may also use and disclose information to physicians or volunteers for review and learning purposes.

#### **Commemorative Events**

Individual names may be listed and shared as part of our commemorative ceremonies, such as our annual Service of Remembrance, Light up a Life programs, Butterfly Release and Tree of Light programs. You may choose to not have your name or that of a loved one listed by informing Choices Healthcare.

### Research

Under certain circumstances, we may use and disclose information for research purposes. For example, a project may involve comparing clients who received one type of support to those who received another. Before we disclose information for research purposes, the project will be subject to a special approval process.

### Limited Data Set

We may use or disclose certain information that does not directly identify you for research, public health, or bereavement purposes if the recipient of that information agrees to protect the information.

### To Avert a Serious Threat to Health or Safety

We may use and disclose information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### As Required By Law

We will disclose information about you when required to do so by federal, state or local law.

### Public Health Risks

We may disclose information about you for public health activities, such as notifying the appropriate government authority if we believe a client has been the victim of abuse/neglect.

### Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law. These include, for example, audits, licensure and accreditation activities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws.

### Government Purposes

We may disclose information for specific government purposes. We may release information about military personnel to command authorities. We may also release information to authorized federal officials for intelligence, counterintelligence, other national security activities and federal protection services, as authorized by law. In certain circumstances, we may release information about inmates to a correctional institution or law enforcement official.

### Lawsuits and Disputes

We may disclose information in response to a court order, subpoena, discovery request or other lawful process. We may also disclose information to someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### Law Enforcement

We may disclose information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if under certain circumstances we are unable to obtain the person's agreement; about criminal conduct by our agency; and in emergency situations to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

### Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional facility or law enforcement official. This release would be necessary for the institution to provide services to you, to protect your wellbeing and safety or the wellbeing and safety of others, or for the safety and security of the correctional facility.

### Incidental Uses and Disclosure

We may use or disclose your information if it is a by-product of any of the uses or disclosures described above and cannot reasonably be prevented.

Certain types of information are subject to more stringent protections under state law than described above. Drug and alcohol treatment may only be released with your authorization or a Court Order in limited circumstances. Mental Health records and HIV-related information, such as information related to testing, may only be released without your authorization in limited situations under state law.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

### Right to Access, Inspect, and Copy

You have the right to access, inspect and receive copies of your information that may be used to make decisions about your care. You must submit a request for your record to the Health Information Management Department. You or your authorized legal healthcare representative shall not be charged a fee for the reproduction or inspection of any PHI/records regardless of the form or format. You may request to inspect or obtain your information at any point during or after your care for as long as the information is retained, according to state and federal laws. Inspection of the information will occur at a mutually agreed upon location. You have the right to request that your records be transmitted to a third party.

If we maintain any of your information in an electronic format, you may request that we provide copies of the information to you in an electronic format. You should specify this on your request and tell us how to provide this information to you. Please note that Choices Healthcare will not be responsible for the security of this information after we transmit it electronically. For example, by email.

### Right to Amend

If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by our organization. You must submit a request for an amendment to the Health Information Management Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment in certain circumstances, and we will notify you in writing of a denial of your request and your rights in the event of a denial.

### Right to Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of information about you. Not all of our disclosures must be included on this list. Your request for an accounting must state a

time period, which may not be longer than ten years and may not include dates before April 13, 2003. You must submit a request for a list of disclosures in writing to the Health Information Management Department. Your request should indicate in what form you want the list, for example, on paper or electronically. We will notify you if any cost is involved and you may choose to withdraw or modify your request at that time.

#### Right to Request Restrictions

You have the right to request a restriction or limitation on the information we use or disclose about you. You also have the right to request a limit on the information we disclose about you to someone that is involved in your care, like a family member or a friend. To request restrictions, you must make a request in writing to the Health Information Management Department. In your request you must identify what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, your spouse.

#### Right to Request Confidential Communications

You have the right to request that we communicate about your information in a certain way or location. For example, if you are currently working and do not want contact made at your home with your spouse, you may request that we contact/visit you only at work. To request confidential communications, you must notify the organization's staff or make a request in writing to the Health Information Management Department. Your request must specify how or where you wish to be contacted. We will not ask the reason for your request, and we will accommodate all reasonable requests.

#### Right to Notice of Unauthorized Disclosure of Unsecured Protected Health Information

We will make every attempt to make sure that your information is not released to any person, except as this Notice has described above. If any unauthorized disclosure of your information poses a significant risk of harm to you, whether it is financial, reputational, or some other harm, we will notify you of the disclosure. This disclosure will be within 60 days of when we discover the disclosure. If such a disclosure occurs, with the potential to cause harm to you, we will describe what happened, what types of information were disclosed, what steps we have taken to protect you, and any steps that you should take to protect yourself from potential harm. In the unlikely event that this happens, we will also provide you a contact to ask questions or to learn additional information.

#### Right to Paper Copies of This Notice

You have a right to a copy of this notice, which you may ask for at any time. You may obtain a copy of this notice at our website, [www.hospicecommunity.org](http://www.hospicecommunity.org) and [www.hospiceofcentralpa.org](http://www.hospiceofcentralpa.org) or by notifying the Health Information Management Department.

#### **CHANGES TO THIS NOTICE**

Choices Healthcare is required by law to maintain the privacy of your information, to provide you and your representative this Notice, and to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we may receive in the future. We will post a copy of the current notice at our website, [www.hospicecommunity.org](http://www.hospicecommunity.org) and [www.hospiceofcentralpa.org](http://www.hospiceofcentralpa.org). The notice will contain the most current effective date on the first page.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with our organization at the address noted on this Notice or with the Secretary of the Department of Health and Human Services at 800-692-7462 or with The Joint Commission at 1-800-994-6610. To file a complaint with our organization, contact our Privacy Officer at the address noted. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Choices Healthcare  
685 Good Drive, P.O. Box 4125  
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## **OTHER USES OF INFORMATION**

Other uses and disclosures of information not covered in this notice, or the laws that apply to our organization, will only be made with your authorization. If you provide us with authorization to use or disclose information about you, you may revoke this authorization, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided you.