



**MYPATH COMPANIES  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY  
BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

MyPath Companies are committed to protecting the privacy of your personal health information. Our companies are listed below. This Notice of Privacy Practices explains how MyPath may use or release your personal health information and outlines your privacy rights. Personal health information used or released may include information that appears on treatment, payment, and other records used to make decisions about you in the course of providing care, services, or other benefits.

**Genesee Community Services  
LLC**

36100 Genesee Lake Road  
Oconomowoc, WI 53066  
Phone: (262) 468-0038

**Prader-Willi Homes LLC**

P.O. Box 278  
Dousman, WI 53118  
Phone: (262) 468-0627

**Genesee Lake School LLC**

36100 Genesee Lake Road  
Oconomowoc, WI 53066  
Phone: (262) 569-5513

**T.C. Harris Academy & School LLC**

3700 Rome Drive  
Lafayette, IN 47905  
Phone: (765) 448-4220

**Homes for Independent Living  
LLC**

1249 Russet Court  
Green Bay, WI 54313  
Phone: (920) 499-7965

**The Richardson School LLC**

P.O. Box 278  
Dousman, WI 53118  
Phone: (262) 569-5515

**Paragon Community Services  
LLC**

P.O. Box 278  
Dousman, WI 53118  
Phone: (262) 569-5515

**Transitions Academy of Indiana LLC**

11075 North Pennsylvania Street  
Indianapolis, IN 46280

**MyPath Support Services**

1746 Executive Drive  
Oconomowoc, WI 53066  
Phone: (262) 569-5515



## Your Personal Health Information Rights

### You Have The Right To:

**See or Copy Your Personal Health Information** – You have the right to see or copy your personal health information. You have a right to request that copy be provided in electronic form or format (e.g., PDF saved onto a CD). If the form and format are not easily created, then MyPath will work with you to provide it in a reasonable electronic form or format. Your request must be in writing and should be submitted to the facility where you received treatment or services. MyPath may charge you a reasonable fee for costs associated with your request. MyPath is not required to allow you to see or copy psychotherapy notes, or information prepared for use in legal actions or proceedings. Please contact the facility where you received treatment or services for additional information.

**Correct Information You Believe to be Incorrect or Incomplete** – If you believe that your personal health information is incorrect or incomplete, you may submit a request to us asking that your information be changed. Your request must be in writing and must include the reason(s) why you believe a change should be made. MyPath is not required to approve your request. MyPath will notify you if MyPath approves your request or explain the reason(s) for our decision if MyPath denies your request.

**Request a Listing of Who was Given Your Information and Why** – You have the right to request a list of disclosures of your personal health information that MyPath made in compliance with federal and state law. Your request must be submitted in writing. Upon receipt of your request, MyPath will provide you with a list that includes the date MyPath released personal health information, the name of the person or organization, a brief description, and the reason for the disclosure. MyPath will provide one list free of charge per year. Contact the facility you received service or treatment from for assistance.

**Request Restriction(s) on How MyPath Uses or shares your Information** – You have the right to request a restriction or limitation on how MyPath uses or releases your personal health information for purposes of treatment, payment, or operations. MyPath may choose not to comply with a restriction request, unless you or another person have paid for services out-of-pocket, in full, and you request that MyPath does not disclose personal health information related solely to those services to a health plan. MyPath asks that you submit a written request to the facility you received service or treatment from for evaluation. MyPath will contact you if MyPath denies your request.

**Request Confidential Communication(s)** – You may ask that MyPath communicate with you about health matters in a certain way or at a certain location. For example, if you are an outpatient client, you could request that MyPath contact you at your workplace or via non-encrypted email. MyPath will attempt to accommodate all reasonable requests. To request an alternative method of communication, MyPath asks that you submit a written request to the facility you received service or treatment from, specifying how or where you wish to be contacted.

**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 as your personal representative. MyPath will make sure the person has this authority and can act for you before we take any action.

**Request a Paper Copy of this Notice** – You have the right to request a paper copy of this Notice from us at any time. Please contact the facility you received services or treatment from to request a paper copy. You may also view and download a copy of this Notice from our web site. The address is: [MyPath Companies - Notice of Privacy Practices](#).

**Receive Notification of a Breach** – MyPath is required by law to maintain the privacy of your information and provide you with notice of its legal duties and privacy practices with respect to your information and notify you following a breach of unsecured protected health information.

## **How Your Personal Health Information May Be Used Without Your Written Permission**

Your personal health information may be used and released by us for purposes of treatment, payment for services, administrative and operational purposes, and to evaluate the quality of the services that you receive. Because MyPath provides a wide range and variety of care and services, not all types of uses and releases can be described in this document. MyPath has listed some common examples of permitted uses and releases below.

**For Treatment** – MyPath may share your personal health information when we coordinate services you may need, such as clinical examinations, therapy, nutritional services, medication administration, or follow-up care.

**For Payment** – MyPath may release your personal health information for billing purposes to collect payment for service and treatment that you receive. MyPath may also share your personal health information with government programs such as Medicaid to coordinate benefits and payment.

**For Health Care Operations** – MyPath may use and release your personal health information to ensure that the services and treatments provided to you are appropriate and high quality.

**For Public Health** – MyPath may release your personal health information to local, state, or federal public health agencies, subject to the provisions of applicable state and federal law. For example, MyPath may disclose information for the following types of activities:

- To prevent or control disease, injury or disability or to keep vital statistics records such as data about births and deaths;
- To notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence, and;
- To report reactions to medications or problems with products to the Federal Food and Drug Administration.

**Law Enforcement** – Your personal health information may be disclosed to fulfill a requirement by law or law enforcement agencies.



**Court or Other Hearings** – Your personal health information may be disclosed to comply with a court order.

**For Lawsuits and Disputes** – If you are involved in a lawsuit or dispute, MyPath may release your personal health information about you in response to a legal order, subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if they have made an effort to tell you about the request, or to obtain an order protecting the personal health information requested.

**To Coroners, Medical Examiners and Funeral Directors** – MyPath may release your personal health information to a coroner, medical examiner, or funeral director, as necessary to carry out their duties as authorized by law.

**For Organ Donations** – If you are an organ donor, MyPath may release your personal health information to an organization that procures, banks, or transports organs for the purpose of an organ, eye, or tissue donation and transplantation.

**Specialized Government Functions** – MyPath may release your personal health information to the government for specialized government functions. For example, your personal health information may be disclosed to the Department of Veterans Affairs to determine eligibility for benefits.

**For Non-Prohibited Purposes** – If you do not object and the situation is not an emergency and disclosure is not otherwise prohibited by other laws, MyPath is permitted to release your personal health under the following circumstances:

- To Individuals Involved In Your Care – MyPath may release your personal health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your healthcare;
- To Family – MyPath may use your personal health information to notify a family member, a personal representative or a person responsible for your care, of your location, general condition or death, and;
- To Disaster Relief Agencies – MyPath may release your personal health information to an agency authorized by law to assist in disaster relief activities.

**As Required by Law** – In addition to the ways listed previously, your personal health information may be disclosed when required by law.

**Applicability of More Stringent State Law** – Some of the uses and disclosures described in this notice may be limited in certain cases by applicable state laws that are more stringent than federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

## **MyPath Responsibilities**

MyPath is required by state and federal law to maintain the privacy and security of your personal health information. Release of your personal health information for reasons other than those necessary for treatment, payment or operations, as outlined in this Notice, or as otherwise



permitted by state or federal law, will be made only with your written authorization. You may, revoke, in writing, your authorization at any time. If you revoke your authorization, MyPath will no longer release your personal health information to the prior authorized recipient(s), except to the extent that we previously relied on your original authorization to release your information.

MyPath is required to abide by the provisions of this Notice. However, MyPath reserves the right to revise this Notice. MyPath also reserves the right to make the revised Notice effective for the personal health information that we maintain. MyPath will post a current copy of this Notice at our treatment sites and on our website. In addition, you may ask for a copy of our current privacy practices from the MyPath company at which you receive service or treatment.

### **For More Information or to Report a Problem**

Please send your written inquiries, complaints about this Notice, information on how MyPath handles your personal health information, or if you believe your privacy rights have been violated to the MyPath HIPAA Privacy Officer at:

MyPath  
1746 Executive Drive  
Oconomowoc, WI 53066

You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- Completing the form found at the following location:  
[Health Information Privacy Complaint Form Package](#)

And mailing the completed form to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

- Calling (877) 696-6775, or
- Visiting the [U.S. Dept of Health and Human Services Complaint Portal Assistant](#)

If a complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the MyPath company where you received care or services. There will be no retaliation against you in any way for filing a complaint.

**Effective Date of This Notice: November 26, 2024**