PortagePath BEHAVIORAL HEALTH

Your Information. Your Rights. Our Responsibilities

This notice is effective February 15, 2026

Notice of Privacy Practices - 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.

Your Rights: Regarding your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.	You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record.	You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.
Request confidential communication.	You can ask us to contact you in a specific way (for example, at home, at the office, or on your cell phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
Ask us to limit what we use or share.	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information if you need emergency treatment. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we have shared information.	You can ask for a list (accounting) of the times we have shared your health information for the six years prior to the date you ask, with whom we shared it, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice.	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you.	If someone has authority to act as your personal representative, such as if someone has your 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 ensure the person has this authority and can act on your behalf before we take any action.
File a complaint if you feel your rights are violated.	You can file a complaint by contacting us using the information on page 1. You can file a complaint with Portage Path Behavioral Health at 340 S. Broadway Street, Akron, Ohio 44308, at privacyofficer@portagepath.org, or by calling 330-253-3100. Ask for the Quality Improvement and Compliance Department. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:	• Share information with your family, close friends, or others involved in your care or payment for your care; • Share information in a disaster relief situation; • or include your information in a hospital directory. *If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases, we never share your information unless you give us written permission:	• Marketing purposes; • Sale of your information; • Most sharing of psychotherapy notes; fundraising. *We may contact you for fundraising efforts, but you can tell us not to contact you again. If we have your substance use disorder patient records, subject to **42 CFR Part 2**, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your **42 CFR Part 2** information.*

Our Uses and Disclosures:

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

To treat you.	We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
To run our organization.	We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use your health information to manage your treatment and services.*
To bill for our services.	We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet certain legal requirements before we can share your information for these purposes. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to **42 CFR Part 2**, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues:	We can share your health information in certain situations, such as: • Preventing disease; helping with product recalls; • Reporting adverse reactions to medications; • Reporting suspected abuse, neglect, or domestic violence; • Preventing or reducing a serious threat to anyone's health or safety.

Do research.	We can use or share your information for health research.
Comply with the law.	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
Respond to organ and tissue donation requests.	We can share your health information with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests.	We can use or share health information about you: • For workers' compensation claims; • For law enforcement purposes or with a law enforcement official; • With health oversight agencies for activities authorized by law; • For special government functions such as military, national security, and presidential protective services; • Respond to lawsuits and legal actions. We can share your health information in response to a court or administrative order or a subpoena.

Additional Privacy Protections Required by Ohio Law and Federal Regulations:

Certain Ohio laws and Federal regulations provide greater limits on the use and disclosure of your behavioral health, substance use disorder (SUD), and psychiatric treatment information. When these laws apply, we follow stricter requirements.

Mental Health Records (Ohio Revised Code):	Ohio law requires that records identifying you and relating to your mental health condition, assessment, treatment, recovery support, or payment for such services remain confidential. These records cannot be disclosed unless you or your legal guardian provides written consent; disclosure is authorized by specific provisions of Ohio law; disclosure is necessary to obtain payment; a judge issues a court order; or you are accessing your own records, unless restricted for clear treatment reasons.
Release of Information Requirements (Ohio Administrative Code):	Ohio Administrative Code Rule 5122-27-06 requires that any disclosure of your information generally be accompanied by a valid authorization, including specific elements such as the information to be disclosed, the purpose of disclosure, and your signed consent. It also requires notices that restrict redisclosure of SUD treatment information in accordance with **42 CFR Part 2**.
Substance Use Disorder (SUD) Treatment Information (42 CFR Part 2):	Federal law provides extra protection for records related to SUD diagnosis, treatment, or referral. Your SUD treatment information cannot be shared without your written consent unless permitted by 42 CFR Part 2 (e.g., medical emergency, court order, or specific exceptions). Ohio guidance confirms these complex confidentiality requirements for mental health and addiction services providers. Psychotherapy Notes receive heightened protection under Federal law and will not be shared without your specific written authorization unless otherwise permitted by law.

Access to Your Health Information Through Our Online Patient Portal:

We provide our patients with secure, electronic access to portions of their health information through our online patient portal. This may include visit summaries, medication lists, test results, and appointment information. Instructions for portal enrollment are available from our staff.

Our Participation in an Organized Health Care Arrangement (OHCA):

We participate in an Organized Health Care Arrangement (OHCA) for the purpose of coordinating high-quality treatment, payment activities, and healthcare operations across our service locations. This means your health information may be shared among the entities within our OHCA for these purposes. Our OHCA includes Akron Main Location, Two Satellite Clinics, and Psychiatric Emergency Services (PES). All entities covered by this Notice follow the same privacy practices and may share information with one another for treatment, payment, and health care operations, consistent with the HIPAA Privacy Rule.