

PARTNERS in Employment, Inc.

**NOTICE OF PRIVACY PRACTICES
Effective October 1, 2004**

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.

WHO WE ARE

This Notice describes the privacy practices of PARTNERS in Employment, Inc. ("PiE"). For purposes of this Notice, the pronouns "we," "us," and "our" refer to PiE and includes any person who assists in providing care to you through any department or service of PiE's health care services at any PiE location or any business associate of PiE's services who perform a service on behalf of PiE's services utilizing your health information.

Our Privacy Responsibilities

We are required by law to protect the privacy of information about you. We are also required to give you this Notice which describes your rights as our consumer and our obligations regarding the use and disclosure of your health information. We are required to comply with the terms of this Notice as it is currently in effect.

We reserve the right to make changes to this Notice and to make such changes effective for all the protected health information we maintain about you, including PHI we already have. If and when this Notice is changed, we will post a copy in our facilities in prominent locations and on our web site at www.aboutpieinc.com. We will also provide you with a copy of the revised Notice upon your request. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new Notice, in which the material change is reflected.

Your Health Information

As a health care provider, we have highly sensitive and personal health information about consumers in our possession. Federal and state laws require us to keep your health information confidential unless we are specifically required or permitted by law to share information about you with others. The law is particularly restrictive regarding the use and disclosure of information which would identify you as a recipient of chemical dependency or mental health services. We respect your privacy and will protect your health information in a lawful, responsible and professional manner.

As you read this Notice, you will see the term "protected health information" or "PHI." Protected health information or PHI is health information that identifies you (or information from which there is a reasonable basis to believe you could be identified) and is created or obtained by us for the purpose of providing health care services to you.

I. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe ways that we may use and disclose your protected health information. The examples included with each category do not list every type of use or disclosure that may fall within that category, but are provided to give you some idea of what we may do with your PHI with and without your authorization.

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AS A GENERAL RULE, USE AND DISCLOSURE OF PHI REQUIRES YOUR AUTHORIZATION.

As a general rule, we may not use or disclose PHI which would identify you as a consumer receiving health services without your written authorization. We will notify all recipients of your PHI that re-disclosure is prohibited. However, after we disclose PHI pursuant to your authorization, we cannot guarantee that the recipient of your PHI will not further disclose your PHI. You can revoke your authorization at any time by giving our privacy committee written notice of your decision to revoke. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your authorization. However, we will not be able to take back any disclosures made prior to your revocation.

EXCEPTIONS TO GENERAL RULE AND SPECIAL SITUATIONS

Treatment, Payment and Health Care Operations

Treatment: We may use and disclose PHI about you within our organization without written authorization to provide, coordinate, or manage your health care and related services. Individuals within our organization may consult with each other regarding your treatment and coordinate and manage your health care with each other. For example, we may use your PHI to provide counseling to you as well as to provide you with necessary job development services. You may be receiving services from more than one of our professional staff such as a counselor, job developer, or vocational evaluator whereby PHI about you would be used to coordinate care among those involved in providing care.

As a general rule, we may not disclose any PHI about you for treatment purposes outside our organization unless you have authorized the disclosure in writing. One exception to this general rule is that we may disclose limited PHI without your written authorization in order to respond to a medical emergency. For example, we may disclose PHI to medical personnel in the event you suffer a medical emergency such as a heart attack, stroke, life threatening reaction to medication or a drug overdose.

Payment: We may use and disclose PHI for billing, claims management, and collection activities. If we are providing you health care services, we must attempt to obtain your written authorization before we disclose PHI to be paid for those services; however, if you do not provide us with a written authorization, we are permitted to disclose PHI necessary to be paid for services provided to you. If we are providing you chemical dependency services, we must obtain your authorization in order to disclose PHI about you to be paid for those services. We will ask you to authorize us to use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you.

The PHI we may need to disclose to others to be paid may include information that identifies you, your diagnosis, and procedures and supplies utilized during your treatment. Before providing treatment or services, we may need to share details with third party payers, such as your funding source or insurance to verify your coverage.

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Health Care Operations: We may use and disclose PHI without your written authorization in order to perform business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use information in your health record to monitor the performance of individuals providing treatment to you. We may use information on your health record to assess the care provided in your case and others like it. This information will be used in an effort to improve the quality of consumer care. Your protected health information may also be used to resolve any complaints you have.

Communications from Us to You: We may contact you without prior written authorization to remind you of appointments, via telephone or mail, and to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. If we contact you for any of these purposes, we will do so in a way that does not directly identify you as a recipient of health care services.

OTHER SPECIAL SITUATIONS

Communications to Individuals Involved in your Care: We will not disclose PHI which would identify you as a consumer receiving health care services to anyone involved in your care unless you have authorized us to do so or unless the disclosure is otherwise permitted or required by law.

Communications to Disaster Relief Agencies: We may disclose limited PHI to disaster relief agencies so that they can notify others about your location, general condition or death. We may be required to do so in a way that does not identify you as a recipient of health care services.

Uses of Disclosures Required By Law: We may use and disclose PHI without your written authorization if we are required to do so by federal, state, or local law. Any disclosure will be strictly limited to the requirements of the law.

Uses or Disclosures for Public Health Activities: In accordance with applicable law, we may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health without your written authorization. Depending upon the situation, we may be required to make such disclosures in a way that does not identify you as a recipient of health care services. Such disclosures may include disclosures to:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.

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Uses or Disclosures Regarding Abuse, Neglect, or Domestic Violence: We may disclose PHI without your written authorization in accordance with applicable law, to designated authorities to report known or suspected child abuse or neglect. We may also disclose PHI without your written authorization, in accordance with applicable law, to designated authorities if we reasonably believe that you have been a victim of domestic violence, abuse or neglect. We may be required to make such disclosures in a way that does not identify you as a recipient of health care services.

Uses or Disclosures for Health Oversight Activities: In accordance with applicable law, we may disclose PHI without your written authorization to a health oversight agency performing oversight activities authorized by law. Such activities could include, for example, audits, investigations, inspections, licensure and disciplinary activities conducted by agencies required by law to take specified actions to monitor the health care system, certain governmental health care programs and compliance with specific laws.

Uses or Disclosures for Lawsuits and Other Legal Proceedings: Before disclosing PHI related to a health care consumer, we must receive written authorization from the client or a court order signed by a judge. Before disclosing PHI related to a chemical dependency consumer, we must receive written authorization from the consumer or a court order signed by a judge after particular proceedings required by federal law have been conducted.

Uses or Disclosures for Law Enforcement: When required by law in specific circumstances, we may disclose PHI to law enforcement officials without your written authorization for a court order. For example, we may disclose PHI about a crime committed at one of our facilities or against one of our employees. For other disclosures to law enforcement, we may disclose PHI without your written authorization only if we can do so in a way that does not breach any professional confidentiality obligation. We may be required to make any such disclosures in a way to does not identify any individual as a recipient of health care services.

Uses or Disclosures to Coroners and Medical Examiners: We may disclose PHI to coroners and medical examiners without appropriate written authorization to assist in the identification of a deceased person and to determine a cause of death. In other situations, we may only disclose PHI without written authorization from an appropriate representative if we can do so in a way that does not identify a person as a recipient of health care services.

Uses or Disclosures to Avert a Serious Threat to Health and Safety: In accordance with applicable Ohio law and ethical standards, we may use or disclose PHI without your written authorization to prevent or lessen a serious threat to an individual's health and safety or to the health and safety of others.

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Uses or Disclosures for Specialized Government Functions: Under certain circumstances, we may disclose PHI without your written authorization for certain governmental activities:

- For specialized Military and veteran activities. For example, we may disclose PHI without your authorization to military authorities who are able to demonstrate that they have the authority to receive such information.
- For national security and intelligence activities. For example, we may disclose PHI to those federal authorities authorized to conduct national security activities pursuant to the National Security Act.
- To help provide protective services for the President and others specified by federal law.
- To promote the health and safety of a particular inmate or any other person at a correctional institution or who is involved with an inmate in a custodial situation.

Depending upon the situation, we may be required to make such disclosures in a way that does not identify you as a recipient of health care services.

Uses of Disclosures for Workers Compensation: In accordance with your written authorization, we may disclose PHI necessary to comply with laws relating to workers' compensation or other similar programs established by law. We do not need your written authorization for the following:

1. The disclosure is for the purpose of evaluating whether the individual has a work-related injury or illness;
2. The disclosed health information consists of findings regarding a work-related illness or injury;
3. The employer needs the findings to comply with workers' compensation laws; and
4. The health care provider provides written notice to the individual that protected health information is disclosed to employers by posting notice.

Disclosures required by Federal Privacy Rules: We may be required to disclose PHI without your written authorization to the Secretary of the Department of Health and Human Services when directed by the Secretary in order to review our compliance with Federal Privacy Rules.

II. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

Under federal and state law, you have the following rights regarding PHI about you. *All requests to exercise these rights must be submitted in writing to our Privacy Committee at the address listed below:*

PARTNERS in Employment, Inc.

Attention: Privacy Committee

204 Perry Street

Defiance OH 43512

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Inspection and Copying: In most cases, you have a right to inspect and obtain a copy of the information contained in the “Consumer Main File” that we keep regarding your care. This “Consumer Main File” is the counseling, medical or other treatment records maintained by or for PARTNERS in Employment, Inc. (PiE) that is used to make decisions about you.

You, your legal guardian (if applicable), parent (if you are under 18), or your significant other (with your written permission) may access your Consumer Main File with a written request. Access will be granted no more than 45 days following receipt of this written request. Your PiE Program Coordinator or Service Provider will coordinate a time and location that the Consumer Main File may be accessed. The file must be viewed in the presence of your PiE Program Coordinator or Service Provider and PiE Co-Executive Director(s). You may not remove any documents from your file. You may not view reports and documents not generated by PiE Inc. which may be kept in your main file due to company policy of not re-releasing documents and reports generated by other entities.

Generally, PiE will not deny your request to access your main file with the exception that access to particular identified information is specifically restricted because a licensed health care professional has determined that providing you with the information may pose a threat or potential for harm to yourself and/or others. If your request to inspect your Consumer Main File is denied, you will be notified in writing explaining the reason regarding this decision. This process is in reference to PiE’s policies and procedures, which is located in the Consumer Services Manual Section 502, “Confidentiality of Consumer Information Accessing Case Records” item #3. You may request this policy in it’s completeness for further information.

Amendment: If you believe the information in your Consumer Main File (as described above) is incorrect or if important information is missing, you have the right to request that we amend the records. A hearing would be scheduled within 45 days of the request, with you, your legal guardian if applicable, parent if you are under 18, or your significant other with your written permission. The decision regarding the request of the amendment of the Main File will be made in writing within 45 days, after the conclusion of the hearing. This process is in reference to PiE’s policies and procedures, which is located in the Consumer Services Manual Section 504, “Amendment of Consumer Main File”. You may request this policy in it’s completeness for further information.

Accounting of Disclosures: You have the right to obtain an accounting of the disclosures we have made of your PHI, except for disclosures made for treatment, payment or health care operations purposes; certain disclosures required by law to be kept confidential, and disclosures you specifically authorized.

Your written request must specify the time period for which you are requesting information. Your request may be for a period of up to six years starting after October 1, 2004. You may request that we provide you with an accounting of disclosures in paper form.

Notice of Privacy Practices: You have the right to request and obtain a paper copy of this Notice at any time, even if you have received an electronic copy of this Notice.

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Request for Confidential Communications: You have the right to request that medical information be communicated to you in a confidential manner. For example, you may request that we send your mail to an address other than your home. Your written request must tell us the specific way that you would like us to communicate with you. You do not have to tell us why you are making such a request. We will agree to your request when it is reasonable for us to do so and will notify you, in writing, of our decision.

Request for Restrictions: You have the right to request restrictions on certain uses and disclosures of your information for treatment, payment, health care operations, or to persons involved in your care, except when the uses or disclosures are required by law or are necessary to provide care in an emergency situation. We are not legally required to agree to your request. We will notify you, in writing, of our decision regarding your request.

III. QUESTIONS AND COMPLAINTS

If you have questions about our Notice, our privacy practices or require further information, please contact our Privacy Committee at the address noted below.

You have the right to file a written complaint with our Privacy Committee, at the address listed below, if you believe your privacy rights have been violated.

Privacy Committee
PARTNERS in Employment, Inc.
204 Perry Street
Defiance OH 43512
(419) 784-9828

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services at:

The U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington DC 20201

We will not retaliate or take action against you for filing a complaint.