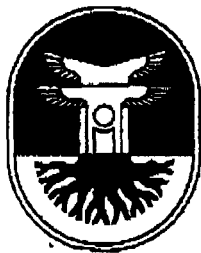


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Treatment Trends, Inc.

18-22 S. SIXTH STREET P.O. BOX 685 ALLENTOWN, PA 18105

◆ Confront ◆ Keenan House ◆ Halfway Home of Lehigh Valley
◆ Richard S. Csandl Recovery House ◆ TCAP

January 14, 2008

Janice Staloski, Director
Bureau of Community Program Licensure and Certification
Department of Health
132 Kline Plaza, Suite A
Harrisburg, PA 17104

Dear Janice Staloski,

First, I would like to thank you for the opportunity to comment on the proposed amendment to 4 Pa. Code 255.5, Proposed Regulation No. 10-186, regarding confidentiality of drug and alcohol addiction treatment.

I am writing to express my opposition to the proposed changes to the confidentiality laws. After reviewing the proposed amendment and the reasons behind it, I fail to see a legitimate reason to amend the current law. If inconsistency with the federal regulations is an issue, should we weaken the current regulations to meet the lower standard? Pennsylvania adopted these regulations to protect the privacy of individuals who suffer from an embarrassing and stigmatizing disease. The proposed amendments are very vague in terms of what would be permitted and suggests releasing information that is very sensitive and unnecessary to carry on the treatment process or funding of same.

The stance that payers of treatment require more information to provide extended time in treatment does not appear to be an accurate picture. There exists a procedure under current law to gain appropriate and only necessary information by justifying the need on a release. This system works. To request information unrelated to medical necessity, under the guise of providing longer lengths of stay, should not be permitted. Payers should accept the results of the PCPC level of care assessment in determining the appropriate length of stay, and extensions, as clinically necessary.

Additionally, the time required by treatment staff to determine what should be released, informing the client of the need and the content of what is to be disclosed and the documentation of their consent will create an additional burden on providers. Counseling staff are already consumed with the enormity of the task of gaining authorizations and convincing payers that their client needs additional time in treatment. The hours currently spent on the phone would be significantly increased by the proposed amendment.

In closing, I find these changes extremely objectionable and request that they be removed from the regulatory process. I am upset and frustrated that our clients' privacy protections are taken so lightly.

Sincerely,

Theodore Alex, MPA
Director of Operations
Treatment Trends, Inc.

Cc:
Independent Regulatory Review Commission
Joelyn Hoover @ DASPOP

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Representative George Kenney
Senator Edwin Erickson
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