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Facility:

53-55 N. West End Avenue
Lancaster, PA 17603-3509
Phone: 717-396-0650
Fax: 717-396-0654

Business Office:

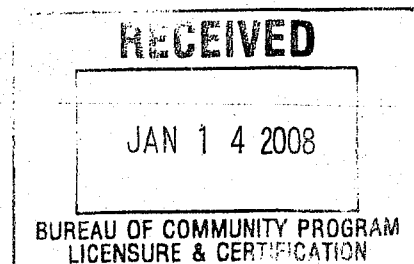
PO Box 97
Allenwood, PA 17810
(800) 255-2335

INDEPENDENT REGULATORY
REVIEW COMMISSION

January 10, 2008

2654

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



Dear Ms. Staloski,

As a Drug and Alcohol Professional, I appreciate the opportunity that you have given to our field to review and comment on the Department of Health's Proposed Regulation No. 10-186 regarding confidentiality of drug and alcohol addiction treatment patient records and information. With this being said, I must convey my strong opposition to any changes.

Although there are many areas of the proposal that are disturbing to me as a professional, I am primarily focusing on what this could do to patient care and the treatment of our patients.

I have worked in addiction treatment for over 20 years. I am currently employed as a Regional Administrator with White Deer Run, Inc. Although I am currently in an administrative role, my background is clinical. As a clinician, I truly believe that these proposed changes will be detrimental to the patients that we serve.

My objections are based on the need for strong privacy protections regarding this often fatal illness. Our patients come to us with little or no trust. Often times, they have minimal support and our clinicians and facilities that treat them are their last hope. We begin to build therapeutic relationships and are many times the beginning of a new life. In order for our patients to get the proper care and treatment, confidentiality plays a key role. The patients that we treat are sharing very personal and private information. This information is documented per regulation and treatment care plans are developed based on this information. Their willingness to disclose this personal and private information is based on the fact that the information that is shared with outside entities is protected, by law. The willingness is nurtured, based on trust that they will be protected! Addiction affects many, many people. It is called a "family disease". When a patient and their family member walk through our doors for help, we need to provide an

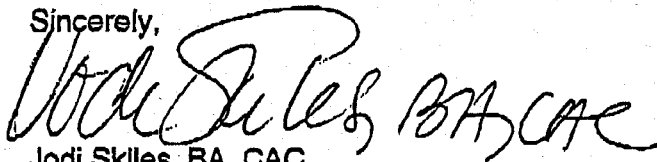
atmosphere that is safe and confidential. The stigmatism that often faces our patients is hard enough for them deal with. I am certain that a change in 255.5 would place an unnecessary burden on the patients and their families as trust is a key component of treatment.

Our clinicians and treatment centers continue to protect our patient rights. We have challenged law enforcement, managed care, and have challenged subpoenas, all for the protection of our patient rights and to uphold the laws and regulations that the Commonwealth has afforded our patients to make it a safe environment. If a patient signs consent to release information to probation officer, managed care organization or a family member, there needs to be a limit in what is shared, for the protection of our patient. I question the necessity of more information then they are already getting. What is the limit? Where does it end?

Throughout my years working in treatment centers, directly with patients and with managed care, I have seen many denials of care. Medical Personnel in our facilities have diagnosed the need for treatment and these managed care companies have stated that they see no need for them to be there. A change in 255.5 would only give them more power and access to information that they really do not need to determine appropriateness for treatment. It is concerning to me, that we release this personal information to organizations that may not be bound by the same laws and ethics that licensed treatment centers are bound to uphold. Should our patients have to worry about what personal information is being released, or be able to trust that we are only releasing the necessary information to give them proper care? The Department of Health has staffing regulations in place that ensure that our staffs are trained and qualified to make these decisions. This would only hurt the patients we treat and place more of a burden on the staff that already struggle to keep up with the standards that are in place.

I again, appreciate the intent of the proposal, however must place a formal objection in writing. I thank you for your time and willingness to hear our field.

Sincerely,



Jodi Skiles, BA, CAC
Regional Administrator
White Deer Run, Region 6

**Cc: Independent Regulatory Review Commission
Representative Frank Oliver
Senator Edwin Erickson
Representative George Kenny
Senator Vincent Hughes**



White Deer Run
of Lancaster

53-55 North West End Avenue Lancaster, PA 17603

Phone 717-396-0650 • Fax 717-396-0654
www.whitedeerrun.com

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