This notice describes how medical information about you may be used and disclosed and how you can get this information. Please review it carefully.

**Understanding Your Health Record / Information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care. This information serves as a:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- legal document describing the care you received
- means to verify that services billed were actually provided
- a tool in education health professionals
- a source of data for medical research
- a source of information for public health officials
- a source of data for facility planning and marketing
- a tool to evaluate and improve the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make informed decisions when authorizing disclosure to others

**Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information it contains belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- obtain a paper copy of the notice of information practices upon request
- inspect and get a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- get an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternate means or locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

**You have the right to inspect and copy your protected health information.**

You may inspect and get a copy of your protected health information that is contained in a designated record set for as long as we maintain that information. A “designated record set” contains medical and billing records and any other records that your health care provider and the clinic uses for making decisions about you. We may charge a reasonable fee for copying records.
You may not, however, under federal law, inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to this information. A decision to deny access may be appealed, depending on the circumstances. Please contact our Privacy Official if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.**

Bridgercare’s policy is to routinely deny access to protected health information for anyone other than the patient unless the patient has given us explicit permission to share this information. You have the right to request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You may request a restriction by talking with your healthcare provider or our Privacy Official. We may disclose information without your authorization is those situations described on page 3 of this Notice.

**You have the right to receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate reasonable requests. You do not have to provide a reason for your request. We may require information as to how payment will be made or specification of an alternative address or other method of contact. This request must be made in writing on our Client Profile form.

**You have the right to request changes to your protected health information.**

You may request changes to your protected health information in a designated record set for as long as we maintain this information. We may deny your request for a change in certain cases. In this event, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of such. Questions about changing your health record should be directed to our Privacy Official.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. You may receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Our Responsibilities**

Bridgercare is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. A written copy of changes will be provided within 60 days of such changes/

We will not use or disclose your health information without your authorization, except as described in this notice.
For More Information or to Report a Problem

You may contact our Privacy Official at 587-0681 if you have questions or need more information.

If you believe your privacy rights have been violated, you can file a complaint with Bridgercare’s Privacy Official or with the U.S. Secretary of Health and Human Services using the HIPAA Complaint Submission Form at cms.hhs.gov/hipaa/hipaa2/default.asp, or by mail to HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by your healthcare provider such as symptoms, examination results, and laboratory tests will be recorded and used to determine the course of care for you.

We will use your health information for payment.

For example: A bill may be sent to your or a third-party payer. The information on the bill may include personal identifiers (date of birth, policy number), diagnoses, procedures and supplies used.

We will use your health information for clinic operations.

For example: The Clinical coordinator and clinicians may use your health record to assess and improve the quality of care we provide.

Business associates: In some circumstances, persons or agencies that provide services for our clinic such as outside laboratory testing or computers support may have access to protected health information in order to perform their work. We require business associates to appropriately safeguard your information.

Emergency: We may use or disclose information in the event of a medical emergency requiring treatment.

Research: We may disclose information for medical research when protocols to ensure privacy have been approved by an institutional review board.

Marketing: We may contact you to provide appointment reminders, information about treatment alternatives or other health related services that may be of interest to you.

Food and Drug Administrations (FDA): We may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or to enable product recalls, repairs or replacement.

Workers compensation: We may disclose health information to the extent authorized and necessary to comply with workers compensation law or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a staff member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

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