



HIPAA Notice of Privacy Practices

This Notice Describes How Your Medical Information About You May Be Used and Disclosed & How You Can Get Access To This Information : *Your rights under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)*

If you have any questions about this notice, please contact Bridgeway Center, Inc. Safety, Regulatory, and Quality Department at 850-833-7541

PLEASE REVIEW CAREFULLY.

I. Who Will Follow This Notice: This notice describes Bridgeway Center, Inc.'s practices for:

- Any health care professional authorized to enter information into your Bridgeway Center, Inc. chart
- All departments and units of Bridgeway Center, Inc.
- Any member of a volunteer group allowed to help you while you are receiving services from Bridgeway Center, Inc.
- All employees, staff, agents and other Bridgeway Center, Inc. personnel
- All entities, sites and locations within Bridgeway Center, Inc.'s system will follow the terms of this notice. They also may share medical information with each other for treatment, payment and health care operations purposes.

A. Our Pledge Regarding Medical Information: We understand that medical information about you and your healthcare is personal. We are committed to protecting medical information about you. A record is created of the care and services you receive at Bridgeway Center, Inc. This record is needed to provide the necessary care and to comply with legal requirements. Federal privacy rules require us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. This notice applies to all of the records of your care generated by Bridgeway Center, Inc.

This notice will tell about the ways in which Bridgeway Center, Inc. may use and disclose medical information about you. Also described are your rights and certain obligations we have regarding the use and disclosure of medical information.

The law requires Bridgeway Center, Inc. to:

- Make sure that medical information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

B. HOW BRIDGEWAY CENTER, INC. MAY USE and DISCLOSE YOUR MEDICAL INFORMATION:

The following categories describe different ways Bridgeway Center, Inc. uses and discloses medical information. Each category will be explained. Not every possible use or disclosure will be listed. However, all the different ways Bridgeway Center, Inc. is permitted to use and disclose information will fall within one of these categories.

1. Treatment. Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to physicians, nurses, counselors, therapists, pharmacists, certified behavioral analysts, case manager (social workers), psychiatric assistants or other agents of Bridgeway Center, Inc. who are involved in your care at Bridgeway Center, Inc.

For example: if you come in for counseling services your medical information may be used to:

- a. Review to evaluate the treatment and services performed by our staff in caring for you.
- b. Combine with that of other Bridgeway Center, Inc. clients to decide what additional services the Bridgeway Center, Inc. should offer, what services are not needed, and whether certain new treatments are effective.
- c. Disclose to doctors, nurses, therapists, and other agents of the Bridgeway Center, Inc. for review and learning purposes.
- d. Disclose to behavioral healthcare students in a master's degree program for: Registered Nurses to be Advanced Registered Nurse Practitioner, Psychology, Sociology, and/or Counseling Services Programs and interns.
- e. Inpatient Census: Limited information about you may be used in the census report while you are a client of the Bridgeway Center, Inc. This information may include your name, location of the Bridgeway Center, Inc., admission date and address.

- f. Sign-in Sheets: We may use sign-in sheets in our offices and call your name when the doctor is ready to see you.
 - g. Appointment Reminders. Your medical information may be used to contact you as a reminder of an appointment you have for treatment or medical care from the Bridgeway Center, Inc.
2. **Individuals Involved in Your Care.** With your permission, your medical information may be released to a family member, guardian or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.
 3. **Treatment Alternatives.** Your medical information may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 4. **As Required by Law.** Your medical information will be disclosed when required to do so by federal, state, or local authorities, laws, rules and/or regulations such as the Department of Children and Families or law enforcement agencies, or if we suspect you are involved in the abuse or neglect of a child or a vulnerable adult.
 5. **Law Enforcement.** Your medical information will be released if requested by a law enforcement official:
 - a. In response to a court order or when initiating involuntary court proceedings (Baker Act/Marchman Act).
 - b. If we believe you are a victim of abuse.
 - c. If you commit a crime at Bridgeway Center, Inc.
 - d. To stop a serious threat to the health and safety of someone or the public. We have a duty to warn others if we believe you are planning to cause them harm.
 6. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, your medical information will be disclosed in response to a court order signed by a judge.
 7. **Payment.** Consistent with Federal laws, your medical information may be used and disclosed so that the treatment and services received at the Bridgeway Center, Inc. may be billed and payment may be collected from you, the insurance company and/or a third party as long as you have provided written consent.
For example: The health plan or insurance company may need information about the care you received from Bridgeway Center, Inc. so they can provide payment. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment.
 8. **Health Oversight Activities.** Your medical information may be disclosed to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 9. **Court Order:** We may share your medical information when responding to a court order or when initiating involuntary court proceedings (Baker Act / Marchman Act).
 10. **Children:** In some cases we may not share your child's medical information with you. For example, there are times when your child can seek care without your permission, specifically for Substance Abuse treatment. Please ask BCI staff for clarification.

C. Health-Related Benefits and Services. Your medical information may be used to tell you about health related benefits or services that may be of interest to you.

1. **Satisfaction Surveys:** We may call you to complete a satisfaction survey or we may send a survey to you in the mail. Your answers will help us provide better care.
2. **Private Accreditation Organizations.** Your medical information may be used to fulfill Bridgeway Center, Inc.'s requirements to meet the guidelines of Bridgeway Center, Inc. for national accreditation with organizations such as Commission on Accreditation of Rehabilitation Facilities (CARF).
3. **ADDITIONAL SITUATIONS:**
 - Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to this Bridgeway Center, Inc. will be made only with your written permission. If you provide the Bridgeway Center, Inc. permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that the Bridgeway Center, Inc. provided to you.
4. **ADDITIONAL INFORMATION CONCERNING THIS NOTICE:**
 - Amendments To This Notice.** We reserve the right to amend this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Amendments may include new privacy provisions and to make the new notice provisions effective for all protected health information that we maintain. The Bridgeway Center, Inc. will post a current copy of the notice with the effective date. If we make any changes, we will give you a copy of the new Notice the next time you receive services.

5. **Complaints.** You will not be penalized for filing a complaint. There will be no retaliation against you for filing a complaint. The quality of the healthcare or services we provide will not be affected in anyway because a complaint was filed. If you believe your privacy rights have been violated, you may file a complaint with Bridgeway Center, Inc. or with the Secretary of the Department of Health and Human Services. We ask that you please give us the opportunity to resolve any issues you have concerning your privacy. Please file a written complaint with the Bridgeway Center Privacy Officer at the address below. If you prefer, we will be happy to assist you in completing a written complaint. You can call us at 850-833-7541 for assistance.

Privacy Officer
Bridgeway Center Inc
137 Hospital Drive
Fort Walton Beach, Florida 32548

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, but we ask that you first allow us the opportunity to correct any issues you may have concerning your privacy.

6. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information the Bridgeway Center, Inc. maintains about you:

**** NOTE: All Requests Must Be Submitted in Writing to Bridgeway Center, Inc. Medical Records Department.**

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information or to receive an electronic copy of the medical information that may be used to make decisions about you, you must submit a written request.

If you request a paper copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

If the Bridgeway Center, Inc. uses or maintains an electronic health record with respect to your medical information, you have the right to obtain an electronic copy of the information if you so choose.

- You may direct the Bridgeway Center, Inc. to transmit the copy to another entity or person that you designate provided the choice is clear, conspicuous, and specific.
- The Bridgeway Center, Inc. may charge a fee equal to its labor cost in providing the electronic copy.

We may deny your request to inspect and copy in some limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, other than the person who denied your request, will be chosen by the Bridgeway Center, Inc. to review your request and the denial. The Bridgeway Center, Inc. will comply with the outcome of the review.

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
- The request for access is made by the individual's personal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

7. **Coroners, Medical Examiners, and Funeral Directors.** Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the Bridgeway Center, Inc. to funeral directors and executor of your estate as necessary to carry out their duties.
8. **Research:** We may share your information for clinical research. If we do this, the law requires us to take extra steps to protect your privacy and tell why we will be using your information.
9. **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment to information kept by or for the Bridgeway Center, Inc.

To request an amendment, you must submit a written request. You must also provide a reason that supports your request. Your request for an amendment may be denied if:

- Your request is not in writing or does not include a reason to support the request;
- The medical information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- The medical information is not part of the medical information kept by or for the Bridgeway Center, Inc.;

- The medical information is not part of the information you would be permitted to inspect and copy; or
- The medical information is accurate and complete.

10. Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list access to information and of the disclosures that we made of your medical information for purposes other than treatment, payment and health care operations. We are required to keep track of your shared information for six years. If your information is used or maintained in an electronic health record, you have a right to receive an accounting during only the three years prior to the date on which the accounting is requested. This right starts on April 14, 2003 and we will not have any information prior to that date.

To request this list or accounting of disclosures:

- You must submit your request in writing.
- Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.
- Your request should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within a 12month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

11. Right to Request Restrictions. You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. Consistent with recent changes in Federal Law in Section 13405(a)(2) of HITECH HIPAA, you may restrict certain disclosure of protected health information if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the protected health information was solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

To request restrictions, you must make your request in writing. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both;
- To whom you want the limits to apply, for example, disclosures to your spouse.

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the health care item or service is paid out of pocket and in full. This restriction does not apply to use or disclosure of your health information related to your medical treatment.

D. Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example: You can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

1. Right to a Paper Copy of This Notice. You have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Bridgeway Center, Inc. will answer any questions you may have regarding our privacy practices. Bridgeway Center, Inc. reserves the right to make changes to this Notice in the future. The current version can be found at www.bridgewaycenter.org.