

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.

Important Notice of Privacy Practices

Bridges Healthcare, Inc.

It is important to read and understand this Notice of Privacy Practices before signing the Consent and Acknowledgment Form.

Notice of Privacy Practices

Effective Date: April 14, 2003 and Revised February 17, 2010 and Revised September 23, 2013

Bridges is required by law to maintain the privacy of your health information and to provide you with this detailed Notice of our legal duties and privacy practices with respect to your health information. Bridges shall abide by the terms of the Notice that are currently in effect. However, Bridges reserves the right to change the terms of this Notice and to make the new provisions effective for all personal health information received and maintained by Bridges now and in the future. We will provide you with a copy of the revised Notice upon request. In addition, a copy of the effective notice will be posted at all times in wait areas with a date notifying you of most recent update.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

As a client of Bridges, information about you must be used and disclosed to other parties for purpose of treatment, payment and health care operations. These uses and disclosures do not require your consent:

- **For Treatment** - We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by our staff as well as to any other health care provider involved in your care, either within Bridges or an outside healthcare provider. For example, we disclose information about your health condition to a referring physician, a pharmacist who needs the information to dispense a prescription or a laboratory that requires it to perform testing.
- **For Payment** - We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to an insurance or managed care company, Medicare, Medicaid, or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request approval for services that will be provided to you.
- **For Health Care Operations** - We may use and disclose your health information as necessary for health care operations such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to past, present or future medical providers for same purpose, for health care fraud and abuse detection or compliance activities. For example, health information of many clients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

- **Individuals Involved in Your Care or Payment of Your Care.** Unless you object, we may disclose your protected health information to a family member, a relative, a close personal friend or other person you identify, including clergy, who is involved in your care.
- **Emergencies.** We may use or disclose your health information as necessary in emergency treatment situations.
- **As Required By Law.** We may use or disclose your health information when required by law to do so.
- **Business Associate.** We may disclose your personal health information to a contractor or business associate who needs the information to perform services for Bridges. To protect your health information, we have our business associates sign written contracts that require them to keep your information confidential. For example, our computer software company may have access to certain personal health information, but is required by law and our contract with them to keep the information confidential and not use it.
- **Public Health Activities.** We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury, or disability; reporting to the Federal Drug Administration issues concerning problems with products or recalls or reporting births and deaths.
- **Reporting Victims of Abuse, neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use or disclose your health information to notify a government authority, if authorized by law, or if you agree to the report.

- **Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, accreditation, and licensure actions or for activities involving government oversight or the health care system.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information to prevent a serious threat to your health or safety or the health or safety of others limiting disclosures, to someone able to help lessen or prevent the threatened harm.
- **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if we are authorized to do so under the law
- **Law Enforcement.** We may disclose your health information for certain law enforcement purposes including, for example, to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Research.** We may use or disclose your health information for research purposes, if the privacy aspects of the research has been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.
- **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if we are authorized to do so under the law
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissues.
- **Disaster Relief.** We may disclose health information about you to a disaster relief organization.
- **Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities or for purpose of determining eligibility for benefits by the Department of Veterans Affairs. We may disclose your health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- **Benefit Programs.** We may use or disclose your health information to comply with laws and obligations relating to workers' compensation or other similar State or Federal benefit programs.
- **Inmates/Law Enforcement Custody.** If you are under custody of a law enforcement official or correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.
- **Fundraising Activities.** We may use certain limited information to contact you in an effort to raise funds for Bridges and its operations. However, you may opt-out from receiving such communications.
- **Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclosed health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you and that are offered by Bridges or its affiliates and its contracted partners, including Communicare and Genoa Pharmacy.
- **Appointment Reminders** - We may use and disclose health information to remind you of appointments within our agency.

III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Most uses and disclosures of psychotherapy notes and of personal health information for marketing purposes and the sale of personal health information require an individual's authorization. Bridges will not be selling your personal health information at any time. Uses and disclosures not described in this Notice will be made only with your Authorization. You may revoke an Authorization in writing at any time. If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to Bridges by you. At your request, Bridges will supply you with the appropriate form to complete, if you wish.

Request Restrictions - You have the right to request certain restrictions on our use or disclosure of your health information for treatment, payment and health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except if you restrict disclosures to family members or friends other than a conservator or listed health care agent). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with applicable law. However, you have the right to restrict certain disclosures of personal health information to a health insurance payor where the disclosure is for payment or health care operations

and pertains to a health care item or service for which you (or any person other than the health insurance payor) have paid for the treatment in full.

Access to Personal Health Information - You have the right to request copies of your personal health information in any form you choose, provided that your personal health information is readily producible in that format. You have the right to request your personal health information electronically or have it directly transmitted to a third party specified by you per our capabilities. Your request must be made in writing. In most cases we may charge a reasonable cost-based fee for preparing the copy, which will not exceed our labor costs in responding to your request and postage, if applicable. We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to the health information, in some cases you have the right to request review of the denial. This review would be performed by a licensed health care professional designated by Bridges who did not participate in the decision to deny.

Request Amendment - You have the right to request an amendment to your health information maintained by Bridges for as long as the information is kept by or for Bridges. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment, if the information (a) was not created by Bridges, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for Bridges; (c) is not part of the information to which you have the right of access; or (d) is already accurate and complete, as determined by Bridges.

Request an Accounting of Disclosures - You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by Bridges or by other on our behalf. This includes disclosures made for treatment, payment and health care operations if the disclosures are made through an electronic health record. To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request. The first accounting provided within a twelve-month period will be free; for further requests, we may charge you our costs.

Request A Paper Copy of This Notice - You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice on our web site, www.bridgesct.org

Request Confidential Communications - You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

Notification of Breach of Security. You have the right to be notified of an unauthorized disclosure of your unsecured personal health information and we will notify you of such a breach in accordance with our obligations under the law

Connecticut Only Requirement

V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

For disclosures concerning health information related to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. Except as provided below and as specifically permitted or required under state or federal law, health information relating to care for psychiatric conditions, substance abuse or HIV-related information may not be disclosed without your special authorization.

- **Psychiatric information**. If needed for your diagnosis or treatment at Bridges, psychiatric information may be disclosed between your treatment team members. Certain limited information may be disclosed for payment purposes
- **HIV related information**. Under limited circumstances, HIV-related information may be disclosed for purposes of treatment or payment.
- **Substance abuse treatment**. If you are treated in a specialized substance abuse program, your special authorization will be needed for most disclosures, not including emergencies.

VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights or wish to make any requests, opt-out of receiving certain communications or object to a disclosure, please contact **Jennifer Fiorillo , Privacy Officer at 203-878-6365 x 313.**

If you believe your rights have been violated, you may file a complaint in writing with Bridges or with the Office for Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaint may also be made by phone to 1-877-696-6775. We will not retaliate against you if you file a complaint.