



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective August 25, 2017

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This Notice describes BRIDGES, Inc. practices and that of all employees, volunteers, students, and other personnel who help with your care at BRIDGES, Inc.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the facility. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by the facility. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose medical and mental health information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- Keep your medical records and health information, also known as “protected health information”, private and secure.
- Give you this Notice which explains your rights and our legal duties with respect to your health information.
- Tell you about our privacy practices and follow the terms of this Notice.
- Notify you if there has been a breach of the privacy of your health information

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the different ways that we may use or disclose your health information without obtaining your authorization. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we may use and disclose information falls within one of the categories.

Services/Treatment:

We may use and disclose your protected health information to provide you with medical/mental health treatment and related services. We may share your health information with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel including students/interns and volunteers who are involved in your care. An example of a treatment use could be the psychiatrist consults with your case manager over a medication prescribed for you.

Also, we may share your PHI in order to coordinate the different things you need, such as prescriptions, blood pressure checks and lab tests, and/or to determine a correct diagnosis. We may share your health information with treatment providers for your future care for other treatment reasons. In addition, we may use or share your health information in response to an emergency.

Your health information may only be released to health care professionals outside this facility without your authorization if they are responsible for your health care. In these cases, the information shared follows the “minimum necessary” guideline, that is, only the minimum amount of information necessary to accomplish the purpose is given. Example BRIDGES may initiate a prescription for medication and then the pharmacy may get your name, insurance information, birth date in order to fill the prescription, but not your personal history or treatment milestones.

For Payment:

We may use and disclose your protected health information to bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including insurance or managed care company, Medicare, Medicaid, or another third-party payer. For example, we may give your health plan information about the treatment you received so your health plan will pay us or refund us for the treatment or we may contact your health plan to confirm your coverage or to ask for prior authorization for a proposed treatment.

For Health Care Operations:

We may use and share your health information for Agency business purposes, such as quality assurance and improvement actions, reviewing the competence and qualifications of health care professionals, medical review, legal services, audit roles, and general administrative purposes. For example, we may use your protected health information to review our treatment and services and to evaluate our staff's performance in caring for you. We may combine health information about our patients to decide what added services the Agency should offer or whether new treatments are effective. The law may need us to share your health information with representatives of federal and State regulatory agencies that oversee our business.

Business Associates:

We may share your health information with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates may include a billing service, record storage company, IT (Information Technology), or legal or accounting consultants. To protect your health information, we have written contracts with our business associates requiring them to safeguard your information

Health Information Exchange:

We, along with other health care providers in the Los Angeles area, may participate in one or more Health Information Exchanges (HIE). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Should you require treatment from a health care provider that participates in one of these exchanges who does not have your medical records or health information, that health care provider can use the system to gather your health information in order to treat you. For example, he or she may be able to get laboratory or other tests that have already been performed or find out about treatment(s) that you have already received. We will include your health information in this system. If you would prefer your information not be shared with the HIE (opt-out) or have previously opted out of HIE participation and would like to share your information with the HIE (opt-in), please notify your staff or the business office at the facility where you obtain health care. The staff can help you change your preference using the HIE Change of Sharing Status form.

For Health Oversight Purposes:

We may disclose your protected health information to a health oversight agency for purposes allowed by law. For example, we may share your health information for audits, investigations, inspections, accreditation, licensure, and disciplinary actions.

Appointment Reminders and other Business Activities:

We may use and disclose your protected health information to contact you as a reminder that you have an appointment or to schedule an appointment for treatment or care at the facility via standard mail (postcard), telephone, email, or text messaging. Further activities may include signing in at the front desk or other location in the facility and calling your name in the waiting room when your service provider is ready to see you.

Treatment Alternatives and Health-Related Products and Services:

We may use and disclose your protected health information to tell you about your health condition or to recommend possible treatment choices or alternatives. We may tell you about health-related benefits, medical education classes or services (such as eligibility for Medicaid or Social Security benefits), that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care:

We may disclose your protected health information to a family member, a relative, a close friend, or other individual involved in your medical care or payment for your medical care if we obtain your verbal agreement, or if we give you an opportunity to object to such a disclosure, and you do not raise an objection. If you are unable to agree or object at the time we give you the opportunity to do so, we may decide that it is in your best interest, based on our professional judgment, to share your health information, such as if you are incapacitated or during an emergency.

Disaster Relief Purposes:

We may disclose your protected health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your health information to respond to the emergency circumstances.

Public Health Purposes:

We may disclose protected health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child or elder/dependent adult abuse including neglect;
- To report reactions to medications or problems with products;

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- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

Research:

Your protected health information may be provided to a researcher if you authorize the use of your health information for research purposes. In some situations, we may disclose your information to researchers preparing a research protocol or if the Institutional Review Board (IRB) Committee determines that an authorization is not necessary. The IRB Committee is charged with ensuring the protection of human subjects in research. We also may provide limited health information about you (not including your name, address, or other direct identifiers) for research, public health or health care operations, but only if the person or organization that receives the information signs an agreement to protect the information and not use it to identify you.

Judicial and Administrative Proceedings:

If you are involved in a lawsuit or a dispute, we may disclose your protected 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 legal procedure by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the health information requested.

Law Enforcement: We may release protected health information if asked to do so by a law enforcement official:

- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at BRIDGES.
- If the police present a search warrant or valid court order.
- To report abuse, neglect, or assaults as required or permitted by law.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors and Information About Decedents:

When required by law, your protected health 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 limited health information to a funeral home. We may also give health information to family members or friends of a deceased person if they were involved in the person's care or paid for that care prior to the death and the health information is relevant. However, we will not do this if the health information is not relevant to their involvement or if it is known to us that the deceased person would not have wanted us to share such information.

To Prevent a Serious Threat to Health or Safety: We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any such disclosure, however, would only be to the extent required or permitted by federal, State or local laws and regulations.

Military Personnel: If you are a member of the armed forces, we may disclose your protected health information as mandated by military authorities or the Department of Veterans Affairs.

Specialized Government Functions and National Security: We may disclose your protected health information to federal officials to conduct lawful intelligence, counterintelligence and other national security actions allowed by law. We may disclose your health information to federal officials who provide protection to the President, other people or foreign heads of state, or conduct an investigation.

Workers' Compensation : We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

As Required By Law: We will disclose your protected health information when required to do so by federal, State, or local laws. For example, the law requires us to report certain types of injuries.

Breach Notification: We may use and disclose your protected health information to tell you in the event that there has been unlawful or unauthorized access to your health information, such as when someone not authorized to see your health information looks at your information or your health information is accidentally lost or is stolen. We will also report these occurrences to State and federal authorities,

and may need to use your health information to do so. If this happens, we will provide you with a written notice via first-class mail to your last known address.

Fundraising: We may use information about you to contact you to raise money for our facilities or programs. We will limit any information we release about you such as your name, address and telephone number and the dates you received treatment or services at our facilities. For example, we may send you a letter asking if you would like to make a donation. You can choose not to be contacted for our fundraising efforts. If we send you information about our fundraising efforts, we will include a simple way for you to request that we not contact you in the future for our fundraising efforts.

Other Uses of Your Medical Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the care that we provided to you.

BRIDGES may disclose your protected health information to family members and other persons in the following circumstances

We may disclose your protected health information to a family member or other person designated by you (“Designee”) if we ask you and advise you of your right not to disclose such information. If you consent, we may advise your family member or Designee of your admission, release, transfer, serious illness or injury, diagnosis, prognosis, medication prescribed and their side effects (if any), your general progress, and in the case of a disaster, the entity assisting in a disaster. We would disclose only information we believe is directly relevant to the family member or Designee’s involvement in your health care. You may advise us, in writing, that you do not want us to disclose such information. If you object, no information may be disclosed. If you are incapacitated or otherwise unable to consent or object to the disclosure of information, we are limited to confirming your presence in our facility. If, however, you are receiving services for alcohol or drug abuse, federal law prohibits any disclosure. If you are a minor, you have the right to request that certain information not be disclosed to your parent or guardian.

Uses and disclosure of certain PHI deemed “highly confidential.” : For certain kinds of PHI, federal and state law may require enhanced privacy protection. This includes PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment, and referral.
- About HIV/AIDS testing, diagnosis, or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization, except when specifically permitted or required by law.

YOU HAVE THE RIGHT TO

You have the following rights regarding your PHI in our records:

Right to Inspect and Copy

Right to Access, Inspect, and Copy Your Health Information: With certain exceptions, such as records considered psychotherapy notes, or information compiled in anticipation of, or for use in a civil, criminal or administrative proceeding, you have the right to see and get a copy of the medical records we have of your care. To inspect and copy your medical records, you must make your request, in writing using the proper BRIDGES form, and submit to the BRIDGES facility where you obtain health care. If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing, or supplies associated with your request. If we deny your request, we will provide you with this decision.

You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you (for example, records pertaining to health care services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record; or the health care provider determines, in good faith, that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or on the minor's physical safety or psychological well-being).

Right to Request Amendment: If you feel that the health information contained in your medical record is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request an amendment for as long as we keep the health information. To request an amendment, you must make your request, in writing, to the facility where you obtain health care. You must state why you believe your health information is wrong or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request, we will give you written notice of this decision within 60 days.

Right to an Accounting of Disclosures: You may make a written request for an accounting of protected health information disclosures made by us within six (6) years prior to the date of your request. The accounting will not include disclosures related to treatment, payment or health care operations, disclosures to you based on your consent, authorization or other means permitted by the Privacy Regulations, disclosures to persons involved in your care, or disclosures that occurred prior to April 14, 2003. Your first request for an accounting each year, is free.

Right to Request Restrictions: You have the right to ask us to follow special restrictions when using or providing your health information for treatment, payment or health care operations. You may also ask for restrictions on the records we give out to someone who is involved in your care or the payment of your health care. For example, you might ask us not to share certain information with your spouse. We are not required to agree to your request and will tell you if we cannot honor your request. However, if we do agree, we will comply unless the health information is needed to provide you emergency treatment. If we share your restricted health information with a health care provider for emergency treatment, we will ask the health care provider to not further use or disclose the information.

Right to Request Confidential Communications: You have the right to ask that we communicate with you about your appointments or other matters related to your treatment in a specific way (e.g., only calling you at work). You must specify how or where we may contact you. We will grant all reasonable requests.

Right to Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has the proper authority before we take any action.

Right to Ask for Restrictions When You Fully Pay Out-of-Pocket: You have the right to request a restriction on the disclosure of your health information to a health plan for purposes of payment or health care operations if you or someone else paid out of pocket, in full, for a health care item or service. We must agree to your request, unless the law requires us to share your information. If you paid out-of-

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pocket in full for a health care item or service, and you wish to request this special restriction, you must submit your written request to the facility where you obtain health care.

Right to Obtain a Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. *To obtain a paper copy of this Notice, please contact any staff member on your team.*

Changes to this Notice: We reserve the right to change the terms of this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our facilities' waiting areas and on our website at bridgesrehab.org. You may also request to obtain any new Notice from the facility where you obtain health care.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with BRIDGES Privacy Officer or any of the offices listed below. The law prohibits retaliation against an individual for filing a complaint.

CONTACT INFORMATION

For further information about the complaint process, or for clarification of this document, contact:

Judi Steele, Human Resource Director

HIPAA Privacy Officer

279 East Arrow Highway Suite 102

(909) 623-6651

Email: jsteele@bridgesrehab.org

Los Angeles County Auditor-
Controller HIPAA Compliance Unit
Chief HIPAA Privacy Officer
500 West Temple Street, Suite 410
Los Angeles, CA 90012
(213) 974-2164
Email: HIPAA@auditor.co.la.ca.us

Region IX, Office for Civil Rights
U.S. Department of Health and
Human Services
90 7th Street, Suite 4-100
San Francisco, Ca. 94103
(800) 537-7697