



NOTICE OF PRIVACY PRACTICES

Effective Date: June 2025

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

WHO THIS NOTICE APPLIES TO

This Notice applies to **BRIDGES, Inc.** and all its programs, services, staff, students, volunteers, contractors, and business associates involved in your care. This includes all facilities, departments, and personnel that support your treatment and related health services.

We follow both the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CMIA) to ensure your health information is protected. CMIA provides additional protections specific to California residents, including stricter limits on sharing sensitive information, such as psychotherapy notes, HIV status, and substance use disorder treatment, without your written permission.

OUR PLEDGE AND RESPONSIBILITIES 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:

- Maintain the privacy and security of your protected health information (PHI).
 - Provide you with this Notice explaining our legal duties and privacy practices.
 - Notify you if a breach occurs that may have compromised your PHI.
 - Follow the terms of this Notice.
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HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

We may use or share your health information (PHI) without your written permission for the following purposes:

1. Services/Treatment

We may use or share your PHI to provide or coordinate your care with doctors, nurses, case managers, or other health care providers. For example, your psychiatrist may discuss your medication with your case manager.

2. Payment

We may use or share your PHI to bill and collect payment from health plans or other entities. For example, we may submit treatment dates and diagnoses to your insurance company.

3. Health Care Operations

We may use your PHI for Agency business purposes, including administrative functions like quality improvement, staff training, licensing, audits, or legal compliance. 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.

4. Health Information Exchanges (HIE)

A Health Information Exchange (HIE) allows health care providers to securely share your health information to support coordinated and enhanced care. While BRIDGES does not currently participate in an HIE, we may in the future. If that occurs, you will have the right to **opt out**, except as required by law. If a provider treating you participates in an HIE, they may use it to access relevant health information to support your care (e.g., test results or prior treatments). You may **opt out** at any time by submitting the **BRIDGES HIE Opt-Out Form, available in the BRIDGES office where you receive your care**. Ask your care team if you need help.

5. Business Associates

We may share your PHI with third-party vendors who help us provide services. Some services provided by our business associates may include a billing service, record storage company, IT (Information Technology), or legal or accounting consultants and we require them to protect your information by contract.



6. Appointment Reminders and other Business Activities:

We may contact you via phone, text, mail, or email to remind you of appointments or tell you about treatment alternatives, health-related services, and/or to promote BRIDGES.

7. 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.

8. 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.

OTHER PERMITTED USES AND DISCLOSURES

We may also share your PHI in the following situations:

- **To avert a serious threat to health or safety-** We may use or disclose your PHI to prevent serious harm to you or others when allowed by law.
- **For public health purposes and activities** (e.g., reporting disease or exposures to disease, abuse, or medication reactions)
- **For health oversight activities** (e.g., audits, investigations)
- **For legal or court proceedings** (e.g., with a valid subpoena or court order)
- **For law enforcement purposes**
- **With coroners, medical examiners, or funeral directors-** We may share limited PHI with funeral directors, coroners, or others involved in final arrangements, or with family members who were involved in your care.
- **For organ donation or research** (under strict protocols)
- **For workers' compensation or military service**



- **Disaster Relief** - We may disclose your status to agencies involved in disaster relief to notify loved ones.
- **As required by state or federal 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.

SPECIAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Some health information has additional protections under California or federal law. We will not disclose the following without your written permission, unless required by law:

- Psychotherapy notes
- Substance use disorder treatment information (42 CFR Part 2)
- Genetic testing
- HIV/AIDS status
- Reproductive health services and gender-affirming care
- Communicable diseases
- Minor-consented services under California law
- Sharing PHI for marketing purposes
- Selling you PHI

You may revoke your authorization at any time in writing. 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.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

1. Access Your Records

You have the right to request access to your health records, including receiving a copy or accessing them electronically. Certain categories of records, such as psychotherapy notes, are restricted from



access by law. All requests must be submitted in writing, and we must be able to verify your identity before releasing any records.

2. Request a Correction

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.

3. Request Confidential Communications

You may request that we contact you in a specific way (e.g., only by a specific phone number, text, email, or other). We will grant all reasonable requests.

4. Request Restrictions

You may ask us not to share certain information with specific individuals or entities, although we may not be able to agree in all cases.

5. Get 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.

6. Choose Someone to Act for You

If you have a legal representative (e.g., guardian or medical power of attorney), they can exercise these rights and make choices about your health information on your behalf. We will make sure this person has the proper authority before we take any action.

7. Restrict Sharing with Insurance When You Pay Out-of-Pocket

You may request that we not share information with your insurance provider if you pay for a service entirely out-of-pocket.

8. Receive a Paper or Electronic Copy of this Notice

You have the right to a paper copy of this notice any time. 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. To obtain a paper copy of this Notice, please contact any staff member on your team.



SPECIAL NOTES FOR MINORS AND YOUTH

Under **California law**, minors **may consent on their own** to certain types of care, including:

- **Outpatient mental health treatment** (age 12 and older, if mature enough to participate intelligently in the treatment)
- **Substance use disorder services**
- **Sexual and reproductive health care**, including contraception, pregnancy care, and STI treatment

When minors consent to these services **on their own**, they also **control the confidentiality** of their health information related to those services. Parents or guardians **may not have access** to these records without the minor's written consent, except in limited situations, such as safety concerns.

ELECTRONIC COMMUNICATION AND TECHNOLOGY

We may communicate with you via email or text if you request it, and you may revoke this communication method at any time by notifying us. While we take reasonable steps to protect your information, electronic communication may carry privacy risks. You may opt for alternative methods at any time.

NONDISCRIMINATION AND LANGUAGE ACCESS

BRIDGES complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services are available upon request by speaking with a staff member or calling our front office.

YOUR RIGHT TO ACCESS RECORDS UNDER THE CURES ACT

Under the 21st Century Cures Act, you have a right to timely access to your mental health records, through a secure client portal, application, or by request. There are limited exceptions when access may be delayed or denied (e.g., risk of harm).

FUNDRAISING

We may contact you for fundraising purposes, but you can opt out of such communications at any time.



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. The current version of this Notice will always be posted at our sites and on our website at www.bridgesrehab.org. You may also request a copy at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation. You may contact:

BRIDGES Privacy Officer

Mark Rodriguez, Quality Assurance Coordinator

Corporate Office -Mailing Address

279 East Arrow Highway, Suite 102 San Dimas, CA 91773

Phone: (909) 623-6651

Email: mrodriguez@bridgesrehab.org

Los Angeles County HIPAA Compliance Unit

500 West Temple Street, Suite 410

Los Angeles, CA 90012

Phone: (213) 974-2164

Email: HIPAA@auditor.co.la.ca.us

U.S. Department of Health & Human Services – Region IX

90 7th Street, Suite 4-100

San Francisco, CA 94103

Phone: (800) 537-7697

Thank you for trusting BRIDGES with your care. We are committed to protecting your privacy while providing the highest quality services.

ACKNOWLEDGMENT OF RECEIPT

You will be asked to sign a separate form acknowledging that you received this Notice.
