



## Notice of Privacy Practices

**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.**

Bridgehaven, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Bridgehaven, Inc. please contact:

Contact Information:

Barbara Hedspeth, Clinical Director  
585-9444

**Effective Date of This Notice: April 14, 2003**

### **I. How Bridgehaven, Inc. may Use or Disclose Your Health Information**

Bridgehaven, Inc. collects health information about you and stores it in a chart which is your medical record. We need this information to provide you with quality care and to create a record of the care and services you receive at Bridgehaven, Inc. Bridgehaven, Inc. is committed to protecting the privacy of your health information. The law permits Bridgehaven, Inc. to use or disclose your health information for the following purposes:

1. **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. Different departments of Bridgehaven, Inc. may also share medical information about you in order to coordinate the different services you need.
2. **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Bridgehaven, Inc. or other providers from whom you receive treatment or services, may be billed to, and payment may be collected from, you, an insurance company, a third party, Medicaid or other payor. To the extent possible, our staff and outside contractors or consultants will make reasonable efforts to assure that the use and disclosure of your personal health information is conducted in a secure and confidential manner.
3. **Regular Health Care Operations.** Bridgehaven, Inc. may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, we may use personal health information to evaluate our agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies, procedures, or programs that may benefit you or other individuals we support. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operating procedures.

4. Business Associates: We may share your health information with third party "Business Associates" that perform various activities for us such as transcription services. Whenever an arrangement between us and a business associate involves disclosure of your health information, we will have a written contract that contains terms that will protect the privacy of your health information.
5. Information provided to you.
6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative (guardian) or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Marketing: We may use or disclose limited health information that cannot identify you individually for fundraising activities. If we desire to use your health information or art work/writing/story for marketing and/or fundraising purposes, we will ask for your written authorization prior to doing so. If you refuse to give authorization for use of your health information it will not interfere with your receiving services from Bridgehaven.
8. Required by law. As required by law, we may use and disclose your health information as described below:
  - a. Public health. We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child/adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
  - b. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
  - c. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding as required by a court order or subpoena.
  - d. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
  - e. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
  - f. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
  - g. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.
  - h. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

**[Only the minimum necessary health information will be disclosed to accomplish the above purposes.] When Kentucky laws are more restrictive than Federal law regarding disclosure of your health information, we will follow Kentucky law.**

## **II. When Bridgehaven, Inc. May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Bridgehaven, Inc. will not use or disclose your health information without your written authorization. The law prohibits Bridgehaven's disclosure of psychotherapy notes without your written authorization except in certain emergency situations. Because of the nature of the mental health/substance abuse services Bridgehaven provides, in most cases you will be asked for written authorization before we release your mental health information. If you do authorize Bridgehaven, Inc. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Bridgehaven, Inc. is not required to agree to the restriction that you requested. We ask that such requests be made in writing. Appropriate forms may be obtained from Bridgehaven, Inc.'s contact person listed below.
2. You have the right to inspect and request a copy of your health information. However, we may refuse to provide access to information for a civil or criminal proceeding.
3. You have a right to request that Bridgehaven, Inc. amend your health information that is incorrect or incomplete. Bridgehaven, Inc. is not required to change your health information and will provide you with information about Bridgehaven, Inc.'s denial and how you request a review. We ask that such requests be made in writing. Appropriate forms may be obtained from Bridgehaven, Inc.'s contact person listed below.
4. You have a right to receive an accounting of disclosures of your health information made by Bridgehaven, Inc., except that Bridgehaven, Inc. does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 8g (certain government functions) of section I of this Notice of Privacy Practices.
5. You have a right to request to receive confidential communications from us by alternative means or at an alternate location. We will attempt to accommodate reasonable requests. We may ask you to specify an alternate address or other method of contact. You do not have to explain why you are making this request.
6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Barbara Hedspeth, LCSW, LMFT, Clinical Director at 585-9444

## **IV. Changes to this Notice of Privacy Practices**

Bridgehaven, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Bridgehaven, Inc. is required by law to comply with this Notice. Revised notices will be communicated to you by your assigned worker.

**V. Complaints**

Complaints about this Notice of Privacy Practices or how Bridgehaven, Inc. handles your health information, must be in writing and directed to:

Barbara Hedspeth, LCSW, LMFT, Clinical Director (HIPAA Privacy Officer)  
Bridgehaven, Inc.  
950 South First Street  
Louisville, KY 40203

For further information about this process, call 502.585.9444. This number is not to be used to register a complaint, as complaints must be submitted in writing as stated above. A complaint must be filed within 180 days of when you knew or should have known that the act or omission complained of occurred.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

I hereby acknowledge that I have received this Privacy Notice regarding my right to privacy. I understand that I may contact Barbara Hedspeth, Clinical Director, in the event that I have any questions about the Notice or if I have any concerns regarding the use or disclosure of my personal health information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if applicable)

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