

BRIDGEWAY REHABILITATION SERVICES, INC.

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.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY:

Bridgeway Rehabilitation Services, Inc. is required by federal and state law to maintain the privacy of your confidential or protected health information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. This Notice is given to you, after the staff has reviewed the Bill of Rights with you. Privacy practices included in this Notice are in effect and will remain in effect until replaced, at which time; you will be notified.

The Health Information Technology for Economic and Clinical Health Act (HITECH) which is part of the American Recovery and Reinvestment Act of 2009 expanded HIPAA requirements. In order to remain in compliance with all state and federal regulations this notice has been revised and replaces Bridgeway's prior Notice of Privacy Practices.

We are required to inform you of our uses and disclosures of Protected Health Information, your privacy rights, our duties with respect to your PHI, your right to file a complaint, and the person or office to contact for further information about our privacy practices. You have a right to receive a paper copy of this Notice.

USE AND DISCLOSURE OF HEALTH INFORMATION

We may use and disclose health information about you for treatment, payment, and healthcare operations. Use and disclosure of your health information within Bridgeway Rehabilitations Services, Inc. may be shared with staff from other Bridgeway programs, if your services require such involvement. Community providers who are affiliated with our agency (Bridgeway Rehabilitation Services, Inc.) through formal agreement or through funding by the New Jersey Division of Mental Health Services may receive your health information from us, with your permission, and during an emergency, without your permission.

Use and disclosure, with your permission: use and disclosure of your PHI shall be made with your signed, dated, witnessed, time-limited, and specific authorization to release information. You have the right to revoke, in writing, an authorization to release information before its expiration date. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

We must disclose your health information to you, as described in the Rights of Person's Served section of this Notice.

We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

We will not use your health information for marketing communications or public relations without your written authorization, and you have the right to opt out of receiving communications about fundraising or marketing.

Use and disclosure, with or without your permission: We may use or disclose your health information to a physician or other healthcare provider, who provides treatment to you.

We may use and disclose your health information with staff from other Bridgeway programs, if your services require such involvement.

We may use and disclose your health information to obtain reimbursement for services we provide to you, when applicable.

We may use and disclose your health information within Bridgeway Rehabilitation Services, Inc. for the purpose of management audits, financial audits, program monitoring and evaluation, quality improvement, utilization review, performance improvement, accreditation, certification, compliance reviews, or for the purpose of licensure or certification activities, and evaluation of practitioner and provider performance.

De-identified information may be used or disclosed without your permission. De-identified information is information that does not identify an individual.

We may use or disclose health information to notify (or assist in the notification of) a family member, your personal representative, or your designated emergency contact person, regarding your status, or death. If you are present, you have the opportunity to object to such disclosures. In the event of your incapacity or an emergency situation, we will disclose health information based on a determination using professional judgment and disclosing only health information that is directly relevant to the person's involvement in your healthcare.

We may use or disclose your health information when we are required to do so by law, and as applicable with case.

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety, or the health or safety of others.

We may disclose, to authorized federal officials, health information to an authorized public or private entity to assist in disaster relief or public health efforts and to coordinate those efforts with family members or caregivers.

We may use or disclose your health information to provide you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

RIGHTS OF PERSON'S SERVED

Access: You have the right to inspect and copy your protected health information (chart/record), and to receive an electronic copy of your Electronic Health Record (EHR), with limited exceptions. Requests to inspect, copy, and/or to receive an electronic copy of your EHR must be submitted in writing.

Amendment: You have the right to request that we amend your protected health information (chart/record). Your request must be made in writing documenting your reason for making the request. We may deny your request under certain circumstances.

Accounting of Disclosures: You have the right to receive a list of instances (accounting of disclosures) in which we disclosed your health information for the purposes other than treatment, payment, healthcare operations, and certain other activities, for the last six (6) years, but not prior to April 14, 2003.

You have the right to receive an accounting of disclosures, which is a listing of all instances of when your protected health information is disclosed when the disclosure is via an electronic health record, which includes information disclosed for purposes of treatment, payment, healthcare operations, and certain other activities, for the three (3) years prior to the date of your request, but not prior to January 1, 2011.

Breach Notification: You have the right to be notified within 60 days of Bridgeway's discovering that a breach of your protected health information (PHI) has occurred, or within 60 days of when the breach should have discovered.

Notification of a breach must include:

- description of the breach (what happened)
- the date of the breach and when it was discovered
- description of the PHI involved
- the steps you should take to prevent or mitigate any harm
- description of what Bridgeway is doing to investigate and mitigate the problem to prevent it from happening again
- contact information for Bridgeway's privacy officer

Restrictions of Disclosure: You have the right to request restrictions on certain uses and disclosures of your protected health information (PHI). You have the right to restrict the disclosure of some protected health information to health plans for payment and operations, but not for the purposes of treatment. You also have the right to restrict any information about health care services that have been provide that have been paid out-of-pocket in full. Bridgeway is not required to agree to a request if the disclosure is required by law.

Fundraising and Marketing: You have a right to opt out of receiving communications about fundraising or marketing.

Confidential Communications: You have the right to receive confidential communications of your protected health information at an alternate location (i.e., other than your home). Requests to have protected health information sent to an alternate location must be made in writing. Bridgeway will only honor reasonable requests.

Right to File a Complaint: If you suspect a violation of your privacy rights you may file a complaint with Bridgeway using Bridgeway's Complaint/Grievance Procedures, which are posted at all Bridgeway locations in a visible area. You also have the right to file a complaint with the Secretary of U.S. Dept. of Health & Human Services (HHS). The privacy officer of Bridgeway is listed below and can be contacted, as well. Bridgeway will not retaliate against or penalize anyone for filing a complaint, or for reporting suspected violations of their privacy rights.

Notice of Privacy: You have the right to receive a paper copy of Bridgeway's Notice of Privacy Practices. Individual's requesting a copy of Bridgeway's Notice of Privacy Practices will be provided with a copy upon receipt of their request.

Complaints: If you believe that your privacy rights have been violated you have a right to file a complaint with Bridgeway's Privacy Officer, or with the DHHS Office of Civil Rights. You will not be penalized or otherwise retaliated against for filing a complaint.

If you would like to submit a comment or complaint about our privacy practices, or if you believe that your privacy rights have been violated, you can do so by sending a letter outlining your concerns, or the cause of your complaint to Bridgeway's privacy officer at:

Bridgeway Rehabilitation Services, Inc.
Compliance & Privacy Officer
615 N. Broad Street
Elizabeth, New Jersey 07208
P: (908)355-7886
F: (908)469-6520

Bridgeway Rehabilitation Services, Inc. Duties:

Bridgeway is required by law to maintain the privacy of your protected health information, and to inform you of our legal duties and privacy practices. Bridgeway is also required by law to abide by the terms of our current Notice of Privacy Practices, and to provide you with a copy.

Right to Revise Privacy Practices: Bridgeway reserves the right to modify its privacy practices. If revisions are made, the revised notice will be in effect for all health information that Bridgeway maintains. Copies of the revised Privacy Practices will be posted at all Bridgeway locations, and will be made available to persons served upon request.

This notice is an addendum to Bridgeway Rehabilitation Services Persons Served Bill of Rights, and is distributed to each individual who receives services from Bridgeway.