

The Bridge Wellness South

NOTICE OF PRIVACY PRACTICES

- I. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- II. **NOTHING IN THIS NOTICE SHOULD BE CONSTRUED AS CREATING ANY CONTRACTUAL OR LEGAL RIGHTS ON BEHALF OF PATIENTS. WE RESERVE THE RIGHT TO MODIFY OUR PRIVACY PRACTICES AND THIS NOTICE AT ANY TIME.**

III. **Safeguarding Your Protected Health Information**

IV. We keep information about your health and care private. This is called "Protected Health Information" (PHI). This notice explains how and why we might use or share your information. We will only use or share the least amount needed for your continued care, unless the law requires otherwise.

V. **How We May Use and Share Your Protected Health Information**

We use and share PHI for a variety of reasons. We may use and/or share your PHI for purposes of treatment and/or health care operations. We will obtain your written authorization if we use or share your PHI. The following offers are examples of the potential uses and disclosures of your PHI:

- **Uses and Disclosures Relating to Treatment or Health Care Operations.** With your written consent, we may share your health information with doctors, nurses, or others involved in your care. We might also share it with outside services that support your treatment. We may use your information to run our clinic, such as for audits or staff training. We might also send you appointment reminders, following our privacy rules and any special instructions you provide.
- **Uses and Disclosures for Which Special Authorization Will Be Sought.** We will usually ask for your permission before sharing your health information for reasons other than your care or clinic operations. However, we may share it without your permission if the law requires it, for public health reasons, to prevent harm to you or someone else, or in other urgent situations.
- **Prohibition on Certain Disclosures:** We will not share protected health information (PHI) related to reproductive health care if the disclosure is intended for investigating or imposing liability on individuals or entities for seeking, obtaining, providing, or facilitating lawful reproductive health care.

VI. **How You May Have Access to or Control of Your Protected Health information.** The following is a description of the steps you may take to access or to otherwise control the disposition of your PHI:

- **To request restrictions of uses/disclosures:** You may ask that we limit how we use or share your PHI. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- **To choose how we contact you:** You may ask that we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonably easy for us to do so.
- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you will be permitted to inspect your PHI upon written request. We will respond to your request within 30 days. If we deny your request for access, we will give you written reasons for denial. We will make reasonable efforts to accommodate requests for copies of your PHI. If approved you may designate selected portions of your PHI for copying.
- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the PHI and so inform you. We will also inform any others who have a need to know about such changes.
- **To find out what disclosures have been made:** You may request for us to provide you with a list of all disclosures of your PHI which we have made except for such disclosures as have been made in connection with your treatment, our health care operation, or as specifically required by law. We will respond to your request within 60 days of receiving it.

To receive this notice: You may receive a paper or electronic copy of this notice upon request.

VII. **Contact Person:** If you have any questions or concerns about our privacy practices, please contact Sonja Hegwood, Director/Privacy Officer.