
BRIDGEWAY BEHAVIORAL HEALTH 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 Behavioral Health 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.

We are required to inform you of our uses and disclosures of Protected Health Information, your privacy rights, and 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.

PERMITTED USES AND DISCLOSURES

We may use or disclose health information about you for treatment, payment, and healthcare operations. Use and disclosure of your healthcare information within Bridgeway Behavioral Health Services, Inc., may be shared with staff from other Bridgeway Programs, if your services require such involvement. Community providers affiliated with our agency (Bridgeway Behavioral Health Services, Inc.) through formal agreement or through funding by New Jersey Division of Mental Health and Addiction Services may receive your health information from us, with your permission, and during an emergency, without your permission. For each of the categories of uses and disclosures listed below, is a description; however, not every disclosure in every category will be listed.

- **Treatment** generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a person served, or the referrals of a person served from one health care providers to another.
- **Payment** encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. In addition to the general definition, the Privacy Rule provides examples of common payment activities, which include, but are not limited to:
 - Determining eligibility or coverage under a plan and adjudicating claims;
 - Risk adjustments;
 - Billing and collection activities;

- Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
- Utilization review activities; and
- Disclosures to the person served reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).
- **Health care operations** are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities, which are limited to the activities listed in the definition of “health care operations” at 45 CFR 164.501, include:
 - Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination;
 - Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
 - Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims
 - Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
 - Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
 - Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

- **Appointment reminders** for treatment or medical care.
- **Fundraising and marketing**, which you have a right to opt out of receiving communications.
- **Worker’s Compensation.** We may use or disclose your information for workers compensation or similar programs providing benefits for work-related injuries or illnesses.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose your information to the appropriate military authority.
- **Health Oversight Activities.** We may disclose your information to federal or state agencies that oversee our activities.
- **Public Health Activities.** We may disclose your information about you for public health activities such as, reporting abuse or neglect of a child or adult, domestic violence, subject to the jurisdiction of the Food and Drug Administration (FDA). To prevent or control disease, injury or disability.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute we may use or disclose your information in response to a Court or Administrative Order, subpoena discovery request or other lawful process.

- **Law Enforcement.** We may use or disclose your information to law enforcement if the information: 1) is in response to a court order, subpoena, warrant or similar process; 2) limited to identify or locate a suspect, fugitive, material witness or missing person; 3) about a victim of a crime under very limited circumstances; 4) about a death potentially resulting from a crime; 5) about criminal conduct on any Bridgeway Behavioral Health Services, Inc. property and; 6) is needed in an emergency to report a crime or facts surrounding a crime.
- **Inmates or Individuals in Custody.** If you are an inmate, we may release your information to a correctional institution if that information would be necessary for the institution to: 1) provide you with healthcare; 2) protect your health and safety or the health and safety of others; 3) for the safety and security of the correctional institutions.
- **National Security and Serious Threats.** We may disclose you information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law. We may also disclose your information, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. In addition, we may disclose your information to assist in disaster relief efforts.
- **Organ and Tissue Donation.** If you are an organ donor, we may use and disclose your information to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- **Coroner, Medical Examiners and Funeral Directors.** We may disclose your information to a Coroner or Medical Examiner to identify a deceased person or determine cause of death. We may release your information to a Funeral Director as necessary for their duties.
- **Family, Friend, Caregiver.** We may disclose information about you to your family member or designated caregiver. We would make every attempt to gain your permission before disclosure of your information. In situations where you are not capable of giving permission, we may, using our professional judgement, determine that a disclosure is in your best interest. We will disclose only the minimum information necessary to the situation.

NOTE: Addiction services such as alcohol and/or substance abuse, gambling, mental health and medical records specific to HIV-related information is guided under special confidentiality protections under state and applicable federal law. Any disclosures to these types of records will be subject to these laws.

YOUR RIGHTS: You have the following rights regarding your health information that we maintain about you:

- **Right to see and copy your records.** In most cases, you have the right to review or obtain a copy of your medical record. This request must be in writing. Bridgeway Behavioral Health Services, Inc. will provide a response to your request within thirty (30) days. We may deny your request in certain limited circumstances.
- **Right to an electronic copy of your medical records.** If your information is maintained in an electronic format, you may request the electronic copy for your own personal record or to another individual or entity. Bridgeway Behavioral Health Services, Inc. will provide a response to your request within thirty (30) days.
- **Right to amend your record.** You may request a correction to your health information if you feel a mistake was made. The request must be in writing with enough detail as to

what information you would like changed and why. We may deny your request in certain limited circumstances including information that Bridgeway Behavioral Health Services, Inc. did not create or believe to be accurate and complete.

- **Right to request restrictions.** You have the right to ask us to limit how your information is used or shared with others. You must make the request in writing and indicate what information should be limited. We are not required to agree to a requested restriction.
- **Confidential Communications.** You may ask us to send your information in a certain way such as to your work address rather than home address or your cell phone rather than your home phone. The request must be in writing. We may deny your request in certain limited circumstances.
- **Accounting of Disclosure.** You may request an accounting of disclosures we have made of your information within the period of six (6) years from the date of your request. All requests must be made in writing to the Privacy and Compliance Officer.
- **Breach Notification.** You have a right to be notified within sixty (60) days of Bridgeway Behavioral Health Services Inc., discovery that a breach of your information has occurred, or within sixty (60) days of when the breach should have been discovered.
- **Right to revoke authorization.** At any time during your treatment or care with Bridgeway Behavioral Health Services, Inc., you may revoke your authorization in writing.

COMPLAINTS

If you believe your privacy rights have been violated, you should immediately contact the Privacy and Compliance Officer at 908-355-7886. You will not be penalized for filing a complaint. You also have the right to file a complaint with the Secretary of Health and Human Services.