

Between The Bridges Healing Center, LLC  
RECEIPT OF NOTICE OF PRIVACY PRACTICES  
EFFECTIVE APRIL 1, 2005

**This notice of Privacy Practices describes how your medical information may be used and disclosed by *Between The Bridges Healing Center* and how you can get access to this information. Please review carefully.**

Each time you visit **Between The Bridges Healing Center** a record of your visit is generated, including information about why you were seen, your treatment and billing related information. This notice applies to these types of records.

**Between The Bridges Healing Center** is required by law to maintain the privacy of your records and to provide you with a description of our privacy practices. We maintain careful safeguards to protect you against unauthorized access and use. We are also required to abide by the terms of the notice currently in effect.

#### USES AND DISCLOSURES

The following categories describe examples of how we may use and disclose your medical information:

For treatment: Our facility will need access to your information in order to properly treat you. If at any time, your medical information needs to be shared with an outside facility, you will be required to sign a Release of Information.

For payment: Our facility may use and disclose medical information about your treatment and services to bill and collect payment from you.

For Health Care Operation: Members of our medical and management staff may use information in your health record to assess the care and outcomes in your case and other like it. The results then will be used to continually improve the quality of care for all patients we serve.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests and over reading of x-rays. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. We do require our business associates to appropriately safeguard your information.

As required by law, we may also use and disclose medical information to assess your satisfaction with our services, for conducting training programs or reviewing competence of health care professionals, for research, to individuals involved in your care, to Law Enforcement or legal proceedings as required by law or in response to a valid subpoena, and to meet State Specific Requirements.

#### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of **Between The Bridges Healing Center**, you have the right to inspect and copy medical information that may be used to make decisions about your care. If you feel that the medical information we have is incorrect or incomplete, you may ask us to amend the information.

(Continue and Sign on Reverse)

You have the right to request an amendment for as long as the information is kept. We may deny your request for amendment. If this occurs, you will be notified of the reason for the denial. You have the right to request an accounting of disclosures that are made of your medical information. You have the right to request a restriction or limitation on the medical information that we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care. **Between The Bridges Healing Center** is not required to agree to your request.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. To exercise any of your rights, please obtain the required forms from the office manager and submit your request in writing.

#### CHANGES TO THIS NOTICE

**Between The Bridges Healing Center** reserves the right to change this notice and the revised or changed notice will be effective for the information that we already have about you as well as any information that we will obtain in the future. The current notice will be posted in our lobby with the effective date. Each time you register for treatment, you will be offered a copy of the current notice in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office manager. You may also contact the Secretary of the Department of Health and Human Services at 1-800-368-1019. You will not be penalized for filing a complaint.

Other uses and disclosures of medical information not covered by this notice or by the laws that apply will be made only with your written permission. If you provide permission to us to use or disclose medical information about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you would like to be notified of announcements, upcoming events or special offers from Between the Bridges Healing Center, please check here \_\_\_\_\_ and share your email address here \_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date