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: Bradley Leedy, Performance Improvement Manager
502-585-9444

Effective Date of this Notice: 3/1/2014

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

Bradley R. Leedy, MSSW, Performance Improvement Manager (HIPAA Privacy Officer)
Bridgehaven, Inc.
950 S. First St.
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 know 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/ocregmail.html

I hereby acknowledge that I have received this Privacy Notice regarding my right to privacy. I understand that I may contact Bradley Leedy, Performance Improvement Manager, 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.

_________________________  _______________________
Client Signature             Date

_________________________  _______________________
Guardian Signature (if applicable)  Date

Created 2-5-03; R 3-11-08; R 11-19-08; R 5-13; R 2-14; R 9-14; R 10/16        MR-507
Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

| Get an electronic or paper copy of your medical record | • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.  
• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. |
|---|---|
| Ask us to correct your medical record | • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.  
• We may say “no” to your request, but we’ll tell you why in writing within 60 days. |
| Request confidential communications | • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.  
• We will say “yes” to all reasonable requests. |
| Ask us to limit what we use or share | • You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.  
• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. |
| Get a list of those with whom we’ve shared information | • You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.  
• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this privacy notice | • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |
| Choose someone to act for you | • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.  
• We will make sure the person has this authority and can act for you before we take any action. |
| File a complaint if you feel your rights are violated | • You can complain if you feel we have violated your rights by contacting us using the information on page 1.  
• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. |

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

| In these cases, you have both the right and choice to tell us to: | • Share information with your family, close friends, or others involved in your care  
• Share information in a disaster relief situation  
• Include your information in a hospital directory. |
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<td>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</td>
<td></td>
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<tr>
<td>In these cases we never</td>
<td>• Marketing purposes</td>
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Our Uses
And Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

<table>
<thead>
<tr>
<th>Our Uses</th>
<th>How else can we use or share your health information?</th>
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<tbody>
<tr>
<td>We can use your health information</td>
<td>We are allowed or required to share your information</td>
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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.