

Dr. Robert Bridgeman, P.A.
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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN RECEIVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective April 14, 2003

Last Revision: July 12, 2022

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. This is required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We must follow the privacy practices that are described in this Notice while it is in effect.

USES AND DISCLOSE OF HEALTH INFORMATION

Federal law provides that we may use your health information for treatment, payment and health care operations without specific notice to you, or written authorization by you. Please review the following statements that explain this in more detail.

Treatment. We may use and disclose your health information for your treatment. For example, we may disclose your health information to a specialist providing treatment to you.

Payment. We may use and disclose your health information to obtain reimbursement for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Healthcare Operations. We may use and disclose your health information for healthcare operations purposes. For example, healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

We may use or disclose your health information, without further notice to you, or specific authorization by you, where:

- Required by Law;
- Required for Public Health Purposes;

- Required by law to report abuse or neglect;
- Where required by a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
- Required by law in judicial or administrative proceedings;
- Required by law enforcement purposed by a law enforcement official;
- Required by coroner or medical examiner;
- Permitted by law to funeral director;
- Permitted by law for organ donation purposes;
- Permitted by law to avert a serious threat to health or safety;
- Permitted by law and required by military authorities if you are a member of the U.S. armed forces;

We may contact you by mail, home or work phone, cell phone (text), email, at your residence or work place, in references to appointment scheduling, billing issues, medical or dental issues. Unless you instruct us otherwise in writing, we may leave a message for you on any answering device or with any person who answers the phone at your residence. You can make reasonable requests, in writing, for us to use alternative methods of communication with you in a confident manner.

Other uses or disclosures of your medical information will be made only with your written authorization. You have the right to revoke and written authorization that you give, at any time, in writing, except to the extent that **Dr. Robert Bridgeman, P.A.** had already taken an action relying on the use of your previously signed authorization.

Rights That You Have

- ✓ You have the right to request restrictions on certain uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions.
- ✓ You have the right to inspect and obtain copies of your medical information (a reasonable fee will be charged). You must make this request in writing and allow a reasonable amount of time to prepare.
- ✓ We must agree to your request to restrict disclosures of PHI to a health plan if: (i) the disclosure is for the purposes of payment or health care operations and is not otherwise required by law, and (ii) the PHI pertains solely to health care items or services for which you, or another person on behalf of you (other than the health plan, has paid in full.
- ✓ You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.
- ✓ You have the right to request an accounting of disclosures we make of your medical information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request and accounting of disclosures, you must make your request, in writing, to our Privacy Officer.
- ✓ You have the right to obtain a paper copy of this notice from our office.

Obligations That We Have

We are required by law to maintain the privacy of health information and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all health information we maintain. Any revised notice will be posted in our office on our official webpage and paper copies will be available.

You may file a complaint directly with us. Complaints should be directed to our **HIPPA Privacy Officer**. You can contact her at (828)264-7272, if you desire further information, or have any questions or concerns.

If you are not satisfied with how our office handled your complaint, you may also submit a written complaint to. **Secretary of the Department of Health and Human Services, 200 Independent Ave, S.W., Washington, D.C. 20201.**

We support your right to the privacy of your health information. We will not retaliate or penalize you in any way if you choose to file a complaint with us or with the Department of Health and Human Services. Your health and privacy rights will always be important to us.