Notice of Privacy Practices

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

Bloom Behavioral Health (BBH) provides mental health services. To effectively provide these services, we are required to collect information about you. BBH recognizes the sensitive nature of the information we collect regarding your health and is committed to protecting this information in accordance with Federal and State Law. This information is referred to as “Protected Health Information” (PHI). This Notice of Privacy Practices outlines how BBH may use or disclose your PHI. While not all situations will be described, we are obligated to provide you with a notice of our privacy practices for the information we collect and maintain about you. BBH is required to adhere to the terms of the currently effective notice. However, BBH reserves the right to modify its privacy practices and implement such changes for all PHI maintained by the agency.

Confidentiality Agreement: Bloom Behavioral Health is dedicated to ensuring the confidentiality of all health reports, records, and files containing patient names and other individually identifying information. Federal and state laws, including the HIPAA Privacy Rule, mandate the protection, privacy, and security of individual health information.

Bloom Behavioral Health agrees not to further use or disclose any Confidential Information, including Protected Health Information, that it incidentally or inadvertently views or obtains access to. Furthermore, we agree to implement appropriate safeguards to prevent any further unauthorized use or disclosure of any Confidential Information that is incidentally or inadvertently accessed.

How Bloom Behavioral Health May Use and Disclose Information About You:

- **For Treatment:** We may use or disclose information to healthcare providers involved in your care. For example, information may be shared to develop and implement a service plan for your treatment.
- **For Payment:** We may use or disclose information to obtain payment or to process payments for the mental health care services you receive. For instance, Bloom Behavioral Health may provide PHI to bill Medicaid/Insurance for services rendered to you.
- **For Health Care Operations:** We may use or disclose information to manage our programs and activities. For example, we utilize PHI to assess the quality of services you receive.
- **Appointment Reminders:** We may use or disclose information to send you reminders or call you regarding doctor visits or other scheduled appointments for services.
- **Treatment Alternatives:** We may disclose information to inform you about or recommend potential treatment options or alternatives that may be beneficial to you.
- **Individuals Involved in Your Care or Payment of Your Care:** We may release information about you to a friend or family member who is involved in your healthcare. We may also provide information to individuals assisting with the payment for your care.
- **As Required by Law and for Law Enforcement:** BBH will use or disclose information when required or permitted by Federal or State Law or by a court order. If Federal or State law establishes higher standards of privacy, BBH will adhere to the higher standard.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure would be limited to individuals capable of helping prevent the threat.
- **Public Health Risks:** We may disclose information about you for public health activities. These activities generally include: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting reactions to medications or problems with products; and notifying the appropriate government authority if we believe a consumer has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities:** We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, inspections, licensures, and accreditation. These activities are essential for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

SMS Communications and Consent

Bloom Behavioral Health (BBH) may offer SMS (text messaging) services to help coordinate your care. By opting into this service, you are providing consent to receive certain types of messages. **SMS consent is not shared with third parties or affiliates.**

The types of messages you can expect to receive include, but are not limited to:

- Appointment Reminders
- Account Notifications
- Order Alerts (if applicable)
- Conversations (external; between employees)

SMS Terms Summary

By opting into SMS from a web form or other medium, you are agreeing to receive text messages from Bloom Behavioral Health, including conversations. Message frequency varies. Message and data rates may apply. Message HELP for assistance. Reply STOP to any message to opt out.

Other Uses and Disclosures Require Your Written Authorization

For other situations not explicitly described, we will request your written authorization before using or disclosing information. You may revoke this authorization at any time in writing. However, we cannot retract any uses or disclosures already made with your prior authorization.

Your Privacy Rights

- **Right to See and Get Copies of Your Records:** In most cases, you have the right to examine or obtain copies of your records. This request must be made in writing. You may be charged a fee to cover the cost of copying your records, which typically includes billing and services provided.
- **Right to Request Correction, Amendment, or Update Your Records:** You may ask us to change or add missing information to your records if you believe there is an error. This request must be made in writing and include a reason for your request.
- **Right to Request Limits on Uses or Disclosures of PHI:** You have the right to request limitations on how your information is used or disclosed. This request must be made in writing, specifying the information you wish to limit and the recipients to whom the limits should apply. We are not obligated to agree to the requested limitation. You may also submit a written request to terminate any agreed-upon limit.
- **Right to Revoke Permission:** If you are asked to sign an authorization for the use or disclosure of information, you may revoke that authorization at any time. This revocation must be submitted in writing and will not affect information that has already been shared based on your prior authorization.
- **Right to Choose How We Communicate with You:** You have the right to request that we communicate with you in a specific manner or at a particular location. For example, you may request that we send information to your work address instead of your home address. This request must be submitted in writing, and you are not required to provide a reason for your request.
- **Right to File a Complaint:** You have the right to file a complaint with us at the address listed below and with the Secretary of the U.S. Department of Health and Human Services if you believe there has been an improper use or disclosure of your information.
- **Right to Get a Paper Copy of this Notice:** You have the right to request a paper copy of this notice at any time.
- **Right to Receive Notice of Change to our Privacy Practices:** You have a right to receive notice of changes in our privacy practices that affect you, subsequent to the effective date of such changes.

How to Contact Bloom Behavioral Health:

To review, correct, or limit your Protected Health Information: Your request to access, copy, or amend your records may be denied. If your request is denied, you will receive a letter outlining the reasons for the denial and the process for requesting a review of the denial.

To file a Complaint or Report a Problem: Your benefits will not be affected by any complaint you make. We are prohibited from punishing or retaliating against you for filing a complaint, cooperating in an investigation, or refusing to agree to something you believe to be unlawful. Your Privacy Office Contact is:

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