Effective date: November 6, 2026

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.

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Who this notice covers

This notice applies to Bridge of Care LLC at its Miami and Lake Worth locations: 11401 SW 40th St, Suite 345, Miami, FL 33165-3372, telephone (305) 603-7063; and 2311 10th Ave N, Suite 3, Lake Worth, FL 33461-6605, telephone (561) 899-3017.

Privacy and grievance contact: Alain Perez Hernandez, CEO; management@bridgeofcarellc.com; (305) 603-7063. Office hours: Monday-Friday, 8:00 a.m.-5:00 p.m. To make a records request or discuss a privacy concern, contact the office for a private process. Do not put medical information in website feedback.

Health-information rights

Contact our privacy contact to request the following rights. Staff will explain how to submit a request and any lawful conditions, exceptions, or reasonable cost-based fees.

- Request access to or an electronic or paper copy of eligible health records. Copies are generally provided within 30 days, subject to lawful extensions and exceptions.
- Request an amendment of information believed to be wrong or incomplete. A denial must be explained in writing, generally within 60 days, subject to lawful extensions.
- Request reasonable confidential communications through a different method or at another address.
- Request limits on certain uses or disclosures. We need not accept every requested restriction. A required restriction on disclosure to a health plan for payment or operations for an item or service paid in full out of pocket will be honored unless disclosure is required by law.
- Request an accounting of disclosures covered by that right for the preceding six years. Certain disclosures, including most treatment, payment, and operations disclosures, are excluded. The first accounting in a 12-month period is free.
- Request a paper copy of this notice even after agreeing to electronic delivery, or have a legally authorized personal representative act within that person's authority.

Uses and disclosures

When permitted by law, we may use and share health information to provide and coordinate treatment, obtain payment, and conduct health care operations such as quality improvement and practice administration. Examples include sharing necessary information with a treating clinician or submitting a claim to a health plan.

Other legally permitted or required disclosures may concern public health and safety, reporting abuse or threats, health oversight, certain research, organ donation, medical examiners, workers' compensation, law enforcement, or legal proceedings. Each disclosure must meet the applicable legal conditions. Florida or other more protective law may restrict mental-health records: consent or a specific legal exception may be required. This notice does not override those protections.

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Authorization and choices

Where the law provides a choice, you may agree or object to sharing information with people involved in care or payment or in disaster relief. If you cannot communicate a choice, limited sharing may be permitted when in your best interests or when needed to address a serious and imminent threat.

Written authorization is required for most uses or disclosures of psychotherapy notes, the sale of protected health information, and marketing when the law requires it. Other uses not described in this notice require authorization unless otherwise permitted or required by law. Authorization may be revoked in writing, except to the extent action has already been taken in reliance on it. If contacted for fundraising, you may opt out.

Substance use disorder records

To the extent we hold substance use disorder records protected by 42 CFR Part 2, we will not use or disclose those records in a civil, criminal, administrative, or legislative investigation or proceeding against the patient without the written consent or court order and subpoena required by that law. Any fundraising use of Part 2 information requires the advance notice and choice required by law.

These protections apply when the records are subject to Part 2. This statement does not assert that every service or record at either location is covered by Part 2; any additional patient notice required for a Part 2 program must also be provided.

Privacy duties and changes

We must maintain the privacy and security of protected health information, provide this notice, and follow the notice in effect. We must notify affected individuals after a breach when the law requires. We will not use or share information outside this notice unless authorized or otherwise permitted or required by law.

We may revise this notice and apply the revised terms to information already held when permitted by law. A revised notice will show its effective date and be available on our website and through our office. A paper copy may be requested at any time.

Questions and privacy complaints

Privacy questions and complaints may be directed to Alain Perez Hernandez, CEO, at management@bridgeofcarellc.com, (305) 603-7063, or by mail or in person at either location listed above. Call if assistance or a private submission method is needed.

A complaint may also be filed directly with the U.S. Department of Health and Human Services Office for Civil Rights: HHS privacy complaint instructions. No internal complaint is required first. We will not retaliate for filing a complaint or exercising privacy rights.

Official references

Links to the source materials used. Checked November 6, 2026.

1. HHS model notices, revised February 2026 (www.hhs.gov)
2. HHS healthcare-provider model notice (www.hhs.gov)
3. HHS summary of the HIPAA Privacy Rule (www.hhs.gov)
4. HHS notice of privacy practices explanation (www.hhs.gov)
5. Florida Statutes 394.4615, clinical records confidentiality (www.leg.state.fl.us)
6. HHS privacy complaint instructions (www.hhs.gov)