Client Rights, Responsibilities, Nondiscrimination, Accessibility, and Grievance Procedure

Bridgeway Health PLLC | Form BWH-104 | Given at admission, posted in the office, and available on request

Everyone who receives care at Bridgeway Health has rights. This document explains what you can expect from us, what we ask of you, and what to do if something goes wrong. Receipt of this document is acknowledged on Form BWH-109. You do not need to sign this page.

Your rights

Respect and dignity

- To be treated with respect, courtesy, and consideration for your dignity, culture, values, and beliefs.
- To receive care free from abuse, neglect, exploitation, harassment, retaliation, coercion, and physical or chemical restraint used for discipline or convenience.
- To have your privacy respected during evaluation and treatment.

Information and participation

- To receive information about your care in language you can understand, including the reason for a recommended service, its expected benefits, its reasonable risks, and reasonable alternatives.
- To know the name, role, and credentials of each person providing your care.
- To take part in planning your care and setting your goals, and to have your preferences and concerns considered.
- To give informed consent, to refuse a specific service, and to withdraw consent. Staff verify who has legal authority to consent and explain the effect of refusal or withdrawal on the plan of care.
- To request a different clinician when one is available.
- To be told when a service is not available here and to be given a referral when appropriate.
- To receive information about expected charges and, when eligible because you are uninsured or will not use insurance for the care, a Good Faith Estimate. Form BWH-103 explains payment protections and estimate rights.

Privacy and records

- To have your health information kept private as described in our Notice of Privacy Practices, Form BWH-106.
- To request access to your health and billing records and ask for correction of information you believe is wrong or incomplete, subject to applicable privacy law. Separately maintained psychotherapy notes and certain other legally excluded information are not part of the access right.
- To have information shared only as permitted or required by applicable law. Some sharing for treatment, payment, operations, safety, reporting, or legal purposes does not require separate permission. Additional consent or protections may apply to particular records; Form BWH-106 explains these limits.
- To have your request for records handled without regard to whether you owe a balance.

To request records, send a written request to privacy@bridgewayhealthky.com, by Spruce message, by mail to the clinic address below, or by fax to (606) 262-7903. Call (606) 202-7654 if you need help or a secure submission option. Tell us which records you want and your preferred format and delivery method. No proprietary request form is required; we verify identity and any representative's legal authority.

We act as promptly as practicable and no later than 30 calendar days after receipt. If a legally permitted extension is necessary, we give written reasons and a completion date within the initial 30 days; only one extension of up to 30 additional calendar days is allowed. We provide the requested electronic format when readily producible, or agree with you on an accessible alternative. A denied request receives a written explanation, complaint information, and review instructions when review is available.

Your first requested copy is free under Kentucky law. Any charge for an additional copy is disclosed in advance and limited by applicable law. An unpaid balance does not delay or prevent access.

We retain clinical records for at least seven years after the later of last service, termination/discharge, or death. Records from treatment before age 21 are also retained through at least age 24. We use the later date and any longer legal, payer, insurance, or hold requirement. We do not automatically delete records when a minimum period ends.

Access, accommodation, and language

- To receive free, timely language assistance and appropriate communication aids, including qualified spoken-language or sign language interpreters when needed.
- To receive written materials in an alternate format when needed.
- To reasonable accommodation for a disability so you can participate in care.

Speaking up

- To ask questions, disagree, and raise a concern at any time.
- To file a complaint or grievance with Bridgeway or an appropriate outside agency without retaliation or a penalty for speaking up.
- To have a support person, family member, or advocate present, consistent with clinical judgment and the privacy of other clients.

Your responsibilities

- Give accurate and complete information about health history, medications, allergies, insurance, custody and guardianship, and changes to any of these.
- Ask questions when you do not understand something.
- Take part in setting goals and follow the agreed plan of care, or tell your clinician when you cannot or do not want to.
- Treat staff, other clients, and families with respect. Threats, harassment, discriminatory conduct, and violence are not tolerated. We consider safety, disability-related needs, appropriate modifications, clinical circumstances, and continuity of care before any service change or discharge.
- Follow safety expectations in the clinic, including supervision of children who are not in session, as described in Form BWH-307.
- Keep appointments, arrive on time, and give notice when you cannot come, as described in Form BWH-105.
- Meet only the financial obligations Bridgeway is legally permitted to bill you, as explained in Form BWH-103. Tell us when payment is difficult so we can discuss available arrangements. Prohibited Medicaid charges are not your responsibility.

Nondiscrimination

Bridgeway Health PLLC has a broad nondiscrimination policy. We do not exclude people, deny benefits, or treat them differently because of race, color, national origin, ethnicity, immigration status, primary language, religion, age, sex, sexual orientation, gender identity, marital or family status, disability, veteran status, health status, diagnosis, or any other characteristic protected by applicable law. This policy applies to admission, scheduling, treatment, referral, and discharge. The separate Notice of Nondiscrimination attached to this document explains the federal civil rights notice and complaint route.

Available services, clinical suitability, clinician qualifications, capacity, and payer participation affect which care we can provide. We apply these considerations consistently with applicable nondiscrimination law and explain availability and payer participation before services begin. We do not promise enrollment or contracting with a plan before it is complete. When we cannot provide needed care, we help with an appropriate referral.

Accessibility and communication assistance

If you need language or disability-related communication assistance, tell any staff member or call (606) 202-7654. We arrange needed assistance promptly and without charge to you. You do not need to bring or pay for your own interpreter.

- Qualified spoken-language interpretation, in person or remotely as appropriate, and translation of written or electronic information when needed for meaningful access.
- Qualified sign language interpretation or other appropriate communication aids, chosen to provide effective communication for the situation.
- Written materials in large print or another accessible format.
- Reasonable changes to policies or practices, such as additional time or a quieter space, when needed to participate in care.

You may use Form BWH-310 to tell us what you need, but the form is optional. We do not require a family member or friend to interpret and do not use a minor child except in a temporary emergency situation allowed by law. Tell staff if the assistance provided is not effective.

How to raise a concern or file a grievance

Talking with the person involved is optional. You may contact our grievance contact or an appropriate outside agency directly, including when your concern involves Bridgett Chowning or you prefer not to complain internally. You do not have to use or finish our internal process first.

Option 1. Talk with your clinician or any staff member

Staff can help with scheduling, communication, or questions about your care. If a concern is not resolved, ask that it be referred to the grievance contact. You may skip this step.

Option 2. Contact our grievance contact

You may raise a concern in person, by phone, by mail, by secure fax, by Spruce message, or by email. No special form is required. We can help you put the concern in writing or communicate it using needed language or disability assistance. You may also have an advocate help you. Avoid sensitive health details in ordinary email; call or use our approved secure communication system for those details.

	Contact information
Grievance contact	Bridgett Chowning, MS, OTR/L (Owner)
Phone	(606) 202-7654
Email	bridgett@bridgewayhealthky.com
Mail	1007 Cumberland Falls Hwy, Suite 3, Corbin, Kentucky 40701
Secure fax	(606) 262-7903 (SPRY)

What happens next

1. We generally acknowledge written grievances within five business days. Staff can help document an oral grievance so it receives review.
2. We review the concern, which may include speaking with you, reviewing the record, and speaking with staff.
3. We generally provide a written response within 30 business days when reasonably possible. If more time is needed, we will explain why and provide an expected response date.
4. The response explains what we found, what we are doing about it, and how to escalate if you are not satisfied.

We do not cancel appointments, withhold records, or penalize you because you filed a grievance or contacted an outside agency. Retaliation is prohibited.

We maintain grievance records separately from the clinical record and protect their confidentiality. Information is shared only as needed to review and respond to the concern or as permitted or required by law.

Outside agencies you may contact

Choose the agency that handles your concern. You do not have to use our internal process first. External complaints and health-plan appeals may have deadlines; our internal review does not pause or extend them.

If your concern is about	Contact
Privacy, records access, or healthcare discrimination	U.S. Department of Health and Human Services, Office for Civil Rights (OCR). Phone: 1-800-368-1019; TDD: 1-800-537-7697. Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf. Mail: Centralized Case Management Operations, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Complaint instructions: hhs.gov/ocr/complaints/. OCR complaints generally must be filed within 180 calendar days after you knew of the act or omission; OCR may extend this for good cause.
The conduct of an occupational therapist	Kentucky Board of Licensure for Occupational Therapy. Phone (502) 782-8807. Email OT@ky.gov. Website bot.ky.gov.
The conduct of a social worker	Kentucky Board of Social Work. Phone: (502) 564-2350. Mail: 125 Holmes Street, Suite 310, Frankfort, KY 40601. Complaint form and current instructions: bsw.ky.gov (Submit a Complaint).
Kentucky Medicaid or a Medicaid managed care plan	Your health plan's member services number on your member card for plan grievances and appeals. For CHFS program questions or complaints: Kentucky Cabinet for Health and Family Services, Office of the Ombudsman and Administrative Review. Phone: (800) 372-2973 or (502) 564-5497. Email: CHFS.Listens@ky.gov. Mail: 275 E. Main Street, 2E-O, Frankfort, KY 40621. Website: chfs.ky.gov/agencies/os/chfslistens/Pages/default.aspx. This is the CHFS office, separate from the Commonwealth Office of the Ombudsman in the Auditor's office.
Commercial insurance	Your plan's member services number for plan appeals. Kentucky Department of Insurance, Division of Consumer Protection: (502) 564-6034 or (800) 595-6053, option 1 (Kentucky only). Email: DOI.ConsumerComplaints@ky.gov. Mail: 500 Mero Street, Frankfort, KY 40601. Website: insurance.ky.gov (File a Complaint). Some plans are regulated by another agency; ask the plan or Department of Insurance where to direct your concern.

Notice of Nondiscrimination

Bridgeway Health PLLC | Section 1557

Bridgeway Health PLLC follows applicable federal civil rights laws. In our health programs and activities, we do not exclude people, deny benefits, or treat people differently because of race, color, national origin (including limited English proficiency or primary language), sex, age, or disability.

Free access and communication support

We make reasonable changes to policies and practices when needed so people with disabilities can participate in care. We also provide appropriate communication aids and services, such as qualified sign language interpreters and information in large print, braille, or other accessible formats, when needed. These supports are provided promptly and at no cost to you.

When needed to help people with limited English proficiency understand and participate in care, we provide qualified spoken-language interpreters and translations of written and electronic information promptly and at no cost to you.

To request help, tell any staff member or call (606) 202-7654. Relay users may dial 711. The Notice of Availability that follows explains these free services in additional languages.

Concerns and discrimination complaints

If you believe Bridgeway has discriminated against you or has not provided needed access or communication support, you may file a grievance in person, by phone, by mail, by secure fax, or by email. Contact Bridgett Chowning, MS, OTR/L, Owner, at (606) 202-7654 or bridgett@bridgewayhealthky.com. Mail: 1007 Cumberland Falls Hwy, Suite 3, Corbin, KY 40701. Secure fax: (606) 262-7903. Avoid sensitive health details in ordinary email; call or use our approved secure communication system for those details.

We can help you file a grievance. BWH-104 explains our grievance procedure. You may contact an outside agency directly without first using our process. Raising a concern will not affect your care, and retaliation is prohibited.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR):

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Mail: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
Phone: 1-800-368-1019 | TDD: 1-800-537-7697
Complaint forms: https://www.hhs.gov/ocr/complaints/

Website: www.bridgewayhealthky.com. Ask any staff member for an accessible copy of these notices.

Notice of Availability

Free language assistance and communication aids | Bridgeway Health PLLC

English

Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (606) 202-7654 or speak to any Bridgeway staff member. Relay users may dial 711.

Spanish | Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 606-202-7654 o hable con su proveedor.

Chinese | 中文

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 606-202-7654 或與您的提供者討論。

German | Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 606-202-7654 an oder sprechen Sie mit Ihrem Provider.

Vietnamese | Tiếng Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 606-202-7654 hoặc trao đổi với người cung cấp dịch vụ của bạn.

Notice of Availability

Free language assistance and communication aids | Bridgeway Health PLLC

Arabic | العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. تحدث إلى مقدم الخدمة.

606-202-7654

Serbian | Српски

За бесплатну помоћ у вези са језиком и помагала и услуге, позовите 606-202-7654 (TTY: 711).

Japanese | 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。606-202-7654 までお電話ください。または、ご利用の事業者にご相談ください。

French | Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 606-202-7654 ou parlez à votre fournisseur.

Korean | 한국어

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 606-202-7654 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Notice of Availability

Free language assistance and communication aids | Bridgeway Health PLLC

Pennsylvania German | Pennsylvanisch Deitsch

ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf 606-202-7654 oder schwetz mit dein Anbieter.

Nepali | नेपाली

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 606-202-7654 मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Oromo | Afaan Oromoo

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta’an argachuuf bilbilaa. 606-202-7654 (TTY: 711).

Russian | Русский

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 606-202-7654 или обратитесь к своему поставщику услуг.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 606-202-7654 o makipag-usap sa iyong provider.

Notice of Availability

Free language assistance and communication aids | Bridgeway Health PLLC

Kirundi | Ikirundi

Serivisi z'ubufasha mu ndimi zitangwa ku buntu zirahari. Hari n'ibikoresho n'ubufasha bukwiriye bwo gutanga amakuru mu buryo bworoshye kugerwaho, nabyo biboneka ku buntu. 606-202-7654 (TTY: 711).

Bosnian | Bosanski

PAŽNJA: Ako govorite bosanski, dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima također se pružaju besplatno. Pozovite 606-202-7654 ili kontaktirajte svog pružatelja usluga.

Somali | Soomaali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 606-202-7654 ama la hadal bixiyahaaga.

Swahili | Kiswahili

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 606-202-7654 au zungumza na mtoa huduma wako.