BRIDGES HEALTH
WINONA

Consent for Use of Disclosure of Health Information

Our Privacy Pledge

We are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we will always respect the privacy of your health information.

Bridges Health Winona provides preventive health services, including health screening and routine physical examination, for individuals with or without health insurance. Our goal is to help you in identifying health goals for yourself. In order to do so, we offer a variety of different health screens and physical examination to learn about things that are keeping you healthy and things that may need a bit of attention. We invite and expect you to be a partner in this approach.

These preventive services require us to gather health information about you. This information will remain private, however, there are several circumstances in which we may have to use or disclose your health care information.

- We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
- We may need to use your health information for follow-up contacts or phone calls with you.
- We may need to use your de-identified health information (this would be information that does **not** contain your name, date of birth or address, it **may** contain your age, any diagnoses, and your zip code) within our service for quality control to help us improve our services.

Bridges Health Winona is a collaborative effort between Winona State University and Neighborhood Family Clinics. The health services provided to you at Bridges Health Winona are through this collaboration and delivered by students and preceptors. In the event you are referred to a service or provider outside of Bridges Health Winona, we will ensure you have approved such sharing of health information through review of this disclosure and signed consent.

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Printed Name

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Signature   Date