The Department of Veterans Affairs (VA) Veterans Health Administration (VHA) is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. VHA is also required to abide by the terms of this notice and its privacy policies.

**How VHA May Use or Disclose Your Health Information**

Federal law allows us to use or disclose your health information without your permission for the following purposes:

- Treatment (e.g., giving information to VHA and other doctors and nurses caring for you)
- Eligibility and Enrollment for VA Benefits (e.g., giving information to officials who decide benefits)
- Public Health Activities (e.g., giving information about certain diseases to government agencies)
- Research Activities (e.g., giving information to a researcher to prepare a research protocol)
- Abuse Reporting (e.g., giving information about suspected abuse of elders or children to government agencies)
- Assisting Family Members or Designated Individuals Involved in Your Care
- Payment (e.g., giving information to non-VHA facilities that provide care or services)
- Patient Directories (e.g., publishing basic information about patients)
- Law Enforcement
- Judicial or Administrative Proceedings
- National Security Matters
- Correctional Facilities and/or Parole Officers
- Workers’ Compensation Cases (e.g., giving information to officials who decide payments for workplace injuries)
- Services (e.g., giving information to contractors or business associates performing services for VHA)
- Health Care Operations (e.g., giving information to individuals conducting Quality of Care reviews)
- Coroner or Funeral Activities
- When Required by Law
- Health Care Oversight (e.g., giving information to the Office of Inspector General or a Congressional Committee)
- Health or Safety Activities
- Military Activities (e.g., giving information to the Department of Defense)
- Academic Affiliates (e.g., giving information to assist in training medical students)
- Responding to Court Orders

**Note:** VHA will make no other uses or disclosures of your health information without your prior written authorization. In addition, you may revoke that authorization, in writing, at any time.

**Your Privacy Rights**

You have the right to:

- Review your health information
- Obtain a copy of your health information
- Request your health information be amended or corrected
- Request that we not use or disclose your health information
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner
- Receive an accounting or list of disclosures of your health information; and
- Receive a paper copy of VHA’s *Notice of Privacy Practices* upon request
Complaints
If you are concerned that your privacy rights have been violated, you may file a complaint with:

- The VHA health care facility’s Privacy Officer, where you are receiving care. Visit this Website for VHA facility telephone numbers http://www1.va.gov/directory/guide/division_flsn.asp?dnum=1.
- VA via the Internet through “Contact the VA” at http://www.va.gov; by dialing 1-800-983-0936 or by contacting the VHA Privacy Office (19F2) at 810 Vermont Avenue, NW, Washington, DC 20420.
- The U.S. Department of Health and Human Services, Office for Civil Rights or the Office of Inspector General.
- Complaints do not have to be in writing, though it is recommended.

Changes. We reserve the right to change this VHA Notice of Privacy Practices. The revised privacy practices will pertain to all health information we already have about you, as well as, health information we receive in the future. We will send and make available to you a copy of the revised Notice within 60 days of any change.

Contact Information. You may contact your VHA health care facility’s Privacy Officer if you have questions regarding the privacy of your health information or would like further explanation of this Notice. The VHA Privacy Office may be reached by mail at VHA Privacy Office, Office of Information (19F2), 810 Vermont Avenue, NW, Washington, DC 20420 or via telephone at 1-877-461-5038.

Note: A large print version of this Notice is available upon request from the facility where you are receiving care.

When We May Use or Disclose Your Health Information
Treatment. We may use and disclose your health information for treatment or to provide health care services. Treatment may include:

- Emergency and routine health care or services, including but not limited to, labs and x-rays; clinic visits; inpatient admissions
- Contacting you to provide appointment reminders or information about treatment alternatives
- Prescriptions for medications, supplies, and equipment
- Coordination of care, including care from non-VHA providers
- Coordination of care with the Department of Defense (DoD), including electronic information exchange

Note: If you are an active duty service member, Reservist or National Guard member, your health information is available to DoD providers with whom you have a treatment relationship through an electronic database that is shared between VHA and DoD. VHA does not have the ability to restrict DoD’s access to your information in this database, even if you ask us to do so.

Examples: 1) A Veteran sees a VHA doctor who prescribes medication based on the Veteran’s health information. The VHA pharmacy uses this information to fill the prescription. 2) A Veteran is taken to a community hospital emergency room. Upon request from the emergency room, VHA discloses health information to the non-VHA hospital that needs the information to treat this Veteran. 3) A National Guard member seeks mental health care from VHA. VHA discloses this information to DoD by entering the information into a database that may be accessed by DoD providers at some future date.

Payment. We may use and disclose your health information for payment purposes or to receive reimbursement for care provided, including:

- Determining eligibility for health care services
- Paying for non-VHA care and services, including but not limited to, CHAMPVA and fee basis
- Coordinating benefits with other insurance payers
- Finding or verifying coverage under a health insurance plan or policy
- Pre-certifying benefits
- Billing and collecting for health care services provided
- Providing personal information to consumer reporting agencies regarding delinquent debt owed to VHA

Note: If you are an active duty service member, Reservist or National Guard member, your health information is available to DoD providers with whom you have a treatment relationship through an electronic database that is shared between VHA and DoD. VHA does not have the ability to restrict DoD’s access to your information in this database, even if you ask us to do so.

Examples: 1) A Veteran sees a VHA doctor who prescribes medication based on the Veteran’s health information. The VHA pharmacy uses this information to fill the prescription. 2) A Veteran is taken to a community hospital emergency room. Upon request from the emergency room, VHA discloses health information to the non-VHA hospital that needs the information to treat this Veteran. 3) A National Guard member seeks mental health care from VHA. VHA discloses this information to DoD by entering the information into a database that may be accessed by DoD providers at some future date.

Payment. We may use and disclose your health information for payment purposes or to receive reimbursement for care provided, including:

- Determining eligibility for health care services
- Paying for non-VHA care and services, including but not limited to, CHAMPVA and fee basis
- Coordinating benefits with other insurance payers
- Finding or verifying coverage under a health insurance plan or policy
- Pre-certifying benefits
- Billing and collecting for health care services provided
- Providing personal information to consumer reporting agencies regarding delinquent debt owed to VHA
Examples: 1) A Veteran is seeking care at a VHA health care facility. VA uses the Veteran’s health information to determine eligibility for health care services. 2) The VHA health care facility discloses a Veteran's health information to a private health insurance company to seek and receive payment for the care and services provided to the Veteran.

Health Care Operations. We may use or disclose your health information to support the activities related to health care, including:

- Improving quality of care or services
- Conducting Veteran and beneficiary satisfaction surveys
- Reviewing competence or qualifications of health care professionals
- Providing information about treatment alternatives or other health-related benefits and services
- Conducting health care training programs
- Managing, budgeting and planning activities and reports
- Improving health care processes, reducing health care costs and assessing organizational performance
- Developing, maintaining and supporting computer systems
- Legal services
- Conducting accreditation activities
- Certifying, licensing, or credentialing of health care professionals
- Conducting audits and compliance programs, including fraud, waste and abuse investigations

Examples: 1) Medical Service, within a VHA health care facility, uses the health information of diabetic Veterans as part of a quality of care review process to determine if the care was provided in accordance with the established best clinical practices. 2) A VHA health care facility discloses a Veteran's health information to the Department of Justice (DOJ) attorneys assigned to VA for defense of VHA in litigation.

Eligibility and Enrollment for Federal Benefits. We may use or disclose your health information to other programs within VA or other Federal agencies, such as the Veterans Benefits Administration and Social Security Administration, to determine your eligibility for Federal benefits.

Abuse Reporting. We may use or disclose your health information to report suspected child or elder abuse or neglect; or domestic violence to appropriate Federal, State, local, or tribal authorities. This reporting is for the health and safety of the suspected victim.

Health and Safety Activities. We may use or disclose your health information when necessary to prevent or lessen a serious threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened. You will be notified in writing if any such disclosure has been made by a VHA health care facility.

Public Health Activities. We may disclose your health information to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities. Public health activities may include:

- Controlling and preventing disease, injury, or disability
- Reporting vital events such as births and deaths
- Reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases & HIV
- Tracking FDA-regulated products
- Reporting adverse events and product defects or problems
- Enabling product recalls, repairs or replacements

Judicial or Administrative Proceedings. We may disclose your health information for judicial or administrative proceedings:

- We receive an order of a court, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure
- To defend VA in judicial and administrative proceedings
Law Enforcement. We may disclose your health information to law enforcement agencies for law enforcement purposes when applicable legal requirements are met. These law enforcement purposes may include:

- Responding to a court order
- Responding to a specific request when in pursuit of a focused civil or criminal law enforcement investigation
- Reporting crimes occurring at a VHA site
- Identifying or apprehending an individual who has admitted to participating in a violent crime
- Reporting a death where there is a suspicion that death has occurred as a result of a crime
- Reporting Fugitive Felons
- Routine reporting to law enforcement agencies, such as gunshot wounds
- Providing certain information to identify or locate a suspect, fugitive, material witness, or missing person

Health Care Oversight. We may disclose your health information to a governmental health care oversight agency (e.g., Inspector General (IG); House Veterans Affairs Committee) for activities authorized by law, such as audits, investigations, and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.

Cadaveric Organ, Eye, or Tissue Donation. When you are an organ donor and death is imminent, we may use or disclose your relevant health information to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for the purpose of determining suitability of your organs or tissues for organ donation. If you have not specified your donation preferences and can no longer do so, your family may make the determination regarding organ donation on your behalf.

Coroner or Funeral Services. Upon your death, we may disclose your health information to a funeral director for burial purposes, as authorized by law. We may also disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.

Services. We may provide your health information to individuals, companies and others who need to see the information to perform a function or service for or on behalf of VHA. An appropriately executed contract and business associate agreement must be in place.

National Security Matters. We may use and disclose your health information to authorized Federal officials for the purpose of conducting national security and intelligence activities. These activities may include protective services for the President and others.

Workers’ Compensation. We may use or disclose your health information to comply with workers’ compensation laws and other similar programs.

Correctional Facilities. We may disclose your health information to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care; to protect the health and safety of you or others; or for the safety of the facility.

Required by Law. We may use or disclose your health information for other purposes to the extent required or mandated by Federal law (e.g., to comply with the Americans with Disabilities Act; to comply with a Health Insurance Portability and Accountability Act (HIPAA) privacy or security rule complaint investigation or review by the Department of Health and Human Services).

Research Activities. Before we may use health information for research, all research projects must go through a special VHA approval process. This process requires the Institutional Review Board (IRB) to evaluate the project and its use of health information based on, among other things, the level of risk to you and to your privacy. If you will be seen or provided care as part of the research project, you will be asked to sign a consent form to participate in the project that includes an authorization for use and possibly disclosure of your information. However, there are times when we may use your health information without an authorization, such as, when:
A researcher is preparing a plan for a research project. For example, a researcher needs to examine patient medical records to identify patients with specific medical needs. The researcher must agree to use this information only to prepare a plan for a research study; the researcher may not use it to contact you or actually conduct the study. The researcher also must agree not to remove that information from the VHA health care facility. These activities are considered preparatory to research.

A researcher conducts an IRB approved project reviewing health information without personally seeing or contacting you.

**Military Activities.** We may use or disclose your health information if you are a member of the Armed Forces, for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, when applicable legal requirements are met. Members of the Armed Forces include Active Duty Service members and in some cases Reservist and National Guard members. An example of a military activity includes the disclosure of your health information to determine fitness for duty or deployment to your Base Commander.

**When We Offer You the Opportunity to Decline Use or Disclosure of Your Health Information**

**Patient Directories.** Unless you object, when you are a patient at a VHA health care facility, we may list in the VHA Medical Center Patient Directory your general condition, religious affiliation and the location where you are receiving care. This information may be disclosed to people who ask for you by name. Your religious affiliation will only be disclosed to members of the clergy who ask for you by name. **If you do object to being listed in the Patient Directory, no information will be given out about you unless there is other legal authority. This means your family and friends will not be able to find what room you are in while you are in the hospital. It also means you will not be able to receive flowers or mail, including Federal benefits checks, while you are an inpatient in the hospital or nursing home. All flowers and mail will be returned to the sender.**

**Family Members or Others Involved in Your Care**

**General Information Disclosures.** We may disclose general information about you to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis consistent with good medical and ethical practices. General information is limited to:

- Verification of identity
- Your condition described in general terms (e.g., critical, stable, good, prognosis poor)
- Your location in a VHA health care facility (e.g., building, floor, or room number)

**Disclosures to others while you are present.** When you are present, or otherwise available, we may disclose your health information to your next-of-kin, family or other individuals that you identify. For example, your doctor may talk to your spouse about your condition while at your bedside. Before we make such a disclosure, we will ask you if you object. We will not make the disclosure if you object.

**Disclosures to others when you are not present.** When you are not present, or are unavailable, we may disclose your health information to your next-of-kin, family, and others with a significant relationship to you without your authorization if, in the exercise of professional judgment, we determine the disclosure is in your best interests. We will limit the disclosure to information directly relevant to the other person’s involvement with your health care or payment for your health care. Examples of this type of disclosure may include questions or discussions concerning:

- Medical care
- Home-based care
- Medical supplies (e.g., wheelchair) and filled prescriptions

**Note:** We may provide a copy of your medical records to family, next-of-kin, or other individuals involved in your care only if we have your signed, written authorization or if the individual has your power of attorney.

**Other Uses and Disclosures with Your Authorization.** We may use or disclose your health information for any purpose based on a written authorization you provide us. We will review the authorization to determine it is valid, and then disclose your health information as requested by you in the authorization.
Revocation of Authorization. If you provide us a written authorization or permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. Please understand that we are unable to take back any uses or disclosures we have already made based on your authorization.

Your Privacy Rights

Right to Request Restriction. You may request that we not use or disclose all or part of your health information, including use or disclosure for a particular purpose or to a particular person. However, we are not required to agree to such restriction. To request a restriction, you must submit a written request that identifies the information you want restricted, when you want it to be restricted, and the extent of the restrictions. All requests to restrict use or disclosure should be submitted to the facility Privacy Officer at the VHA health care facility that provided or paid for your care. If we agree to your request, we will honor the restriction until you no longer make the restriction request valid or you revoke it.

Note: We are not able to honor requests to remove all or part of your health information from the electronic database of health information that is shared between VHA and DoD, or to restrict access to your health information by DoD providers with whom you have a treatment relationship.

Right to Review and Obtain a Copy of Health Information. You have the right to review and obtain a copy of your health information in our records. You must submit a written request to the facility Privacy Officer at the VHA health care facility that provided or paid for your care. Under very limited situations, you may not be allowed to review or obtain a copy of parts of your health information. If your request is denied, you will be notified of this decision in writing and you may appeal this decision to the VA Office of General Counsel.

Right to Request Amendment of Health Information. You have the right to request an amendment (correction) to your health information in our records if you believe it is incomplete, inaccurate, untimely, or unrelated to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to the facility Privacy Officer at the VHA health care facility that maintains your information. If your request for amendment is denied, you will be notified of this decision in writing and you may appeal this decision to the VA Office of General Counsel.

Right to Request Receipt of Communications in a Confidential Manner. You have the right to request that we provide your health information to you by alternative means or at an alternative location. We will accommodate reasonable requests, as determined by VA/VHA policy, from you to receive communications containing your health information:

- At a mailing address (i.e., confidential communications address) other than your permanent address
- In person, under certain circumstances

Right to Receive an Accounting of Disclosures. You have the right to know and request a copy of what disclosures of your health information have been made to you and to other individuals outside of VHA. To exercise this right, you must submit a written request to the facility Privacy Officer at the VHA health care facility that maintains your health information.

Right to a Printed Copy of the Privacy Notice. You have the right to obtain an additional paper copy of this Notice from your VHA health care facility. You can obtain this Notice from the facility Privacy Officer at your local VHA health care facility. You may also obtain a copy of this Notice at our website, http://www1.va.gov/vhapublications/viewpublication.asp?pub_id=1089.