**NOTICE OF PRIVACY**

**PATIENT RIGHTS AND COMPANY RESPONSIBILITIES**

**Effective Date of this Notice:** October 26, 2023

**REQUEST AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD**

* You may request electronic and/or paper copy of your medical record saved in VIGILINT’s Electronic Health Records system
* VIGILINT will provide a copy or summary of your health information within 30 days of your request (we may charge a reasonable, cost-based fee)

**REQUEST CORRECTIONS TO YOUR MEDICAL RECORD**

* You may request an update or correction to your health information if anything incomplete or incorrect is identified
* We reserve the right to decline requests but will provide an explanation in writing within 60 days

**REQUEST CONFIDENTIAL COMMUNICATIONS**

* You may request specific means for communication with VIGILINT, including using a home or office phone or sending correspondence to an address different from your address on file
* We will accommodate all reasonable requests

**REQUEST LIMITED USE OR SHARING OF INFORMATION**

* You may request that VIGILINT not use or share certain health information for treatment, payment, or operations. We are not required to agree to these requests and may say “no” if it would affect your care.
* If you pay for a service or health care item out-of-pocket in full, you may request VIGILINT not share the information for the purpose of payment or our operations. We will agree unless the law requires us to share the information

**REQUEST A LIST WITH WHOM WE HAVE SHARED INFORMATION**

* You may request a list of the times we shared your health information for six years prior to the date of your request, to include who we shared your information with and why
* We will include all disclosures except treatment, payment, and healthcare operations. We will provide one accounting per year free of charge; however, a reasonable, cost-based fee will be assessed if you request more than once in a 12-month period

**RECEIVE A COPY OF THIS PRIVACY NOTICE**

* You may request a paper copy of this notice at any time, even if you have received the notice electronically; we will provide you with a paper copy promptly

**YOU MAY APPOINT SOMEONE TO ACT ON YOUR BEHALF**

* If you have a designated medical power of attorney or someone acting as your legal guardian, the designated person may exercise your rights and make decisions about your health information. We will verify the designated person has this authority and can act on your behalf prior to taking any action

**YOU MAY FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED**

* Should you feel we have violated your rights, you can file a formal complaint by contacting our company Privacy Officer at privacyofficer@VIGILINT.com or (919) 914-0911
* You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
* We will not retaliate against you for filing a complaint

**YOUR CHOICES**

For certain health information, you may choose/designate what we share. If you have a clear preference for how we share your information in the situations described below, please communicate your preferences with us, and we will comply with your instructions.

In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in your care
* Share information in a disaster relief situation

If you cannot tell us your preference, for example, if you are unconscious, we may proceed and share your information if deemed to be in your best interest. We may also share your information when necessary to lessen a serious and imminent threat to health or safety.

In the following cases, we will never share your information unless we have received written permission:

* Marketing purposes
* Sale of your information
* Most sharing of psychotherapy

**OUR USES AND DISCLOSURES**

We typically use or share your health information in the following ways:

* To medically treat you: we may use your health information and share it with other professionals who are treating you

 Example: a provider treating you for injury may ask another provider about your overall health condition

* To update processes and protocols: we may use and share your health information for internal quality control checks to improve your care and contact you when necessary

Example: we use health information about you to manage your treatment and services

* To bill for your services: we can use and share your health information to bill and receive payment from other entities

Example: If your bill for services is sent to a third-party payer, the information on the account may include information that identifies you and provides information about your healthcare procedures.

**UTILIZATION OF YOUR HEALTH INFORMATION**

In some cases (examples listed below), we are permitted and/or required to share your information in other ways that contribute to the public good, such as public health and research. We are required to meet many conditions within the law before sharing your information for these purposes.

* Assisting with public health and safety issues, such as preventing disease and helping with product recalls
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety
* Research
* Respond to organ and tissue donation requests
* Work with a medical examiner or funeral director

**COMPLY WITH THE LAW**

We will share your information in some cases where state or federal laws require it. Agencies such as the Department of Health and Human Services request information to ensure we are complying with federal privacy law. Examples of such requests are listed below.

* Workers’ compensation claims
* Law enforcement purposes or with a law enforcement official
* Any agency with health oversight for activities authorized by law
* Special government functions such as military, national security, and presidential protective services

**LAWSUITS AND LEGAL ACTIONS**

We may share health information about you in response to a court order, administrative order, or in response to a subpoena

**OUR RESPONSIBILITIES**

* We are required by law to maintain the privacy and security of your protected health information
* We will notify you promptly of a breach that may have compromised the privacy and/or security of your information
* We are required to follow the privacy practices described in this notice, and you will receive a copy
* We will not use or share your information beyond the measures identified in this notice unless you instruct us in writing. If you grant us permission, you may change your mind at any time and notify us in writing of your choice.

**CHANGES TO THE TERMS OF THIS NOTICE**

We reserve the right to change and/or update the terms of this notice. This notice is available via our [website](https://vigilint.com/notice-of-privacy-practices/) and upon request through electronic communication

For any questions, please email the VIGILINT Privacy Officer: privacyofficer@VIGILINT.com