

**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.**

1. The Vascular Care Group is permitted to use and disclosure your protected health Information for treatment, payment, and health care operations, including, but not limited to, in the ways described in the following examples:
  - a. For treatment – Providing, coordinating, or managing your care and sharing information with other physicians and treating entities.
  - b. For payment - Sending bills to insurance companies, determining eligibility or insurance coverage, reviewing services for medical necessity, and undertaking utilization review activities.
  - c. For health care operations - Medical chart review, training and auditing activities, and other activities in support of our business activities. We also may share your protected health information with third-party “business associates” that perform various activities (for example, billing services) for us. The Vascular Care Group will have a written contract with these entities to protect the privacy or your protected health information.
2. The Vascular Care Group is permitted or required, under specific circumstances, to use or disclose protected health information without your written authorization, including as follows:
  - a. If the use or disclosure is required by law.
  - b. For public health activities to a public health authority.
  - c. To a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a communicable disease.
  - d. To a health oversight agency.
  - e. If we believe that you have been a victim of abuse, neglect or domestic violence.
  - f. To report on the quality, safety, or effectiveness of a product regulated by the Food and Drug Administration.
  - g. In the course of a judicial or administrative proceeding.
  - h. For law enforcement purposes.
  - i. To a coroner, medical examiner or funeral director.
  - j. For organ, eye or tissue donation.
  - k. To researchers in certain circumstances.
  - l. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
  - m. For certain military and national security purposes.
  - n. For workers’ compensation purposes.
  - o. If permissible under other applicable law, to the parent or guardian of a minor patient.
  - p. To the other practices within the Vascular Care Group’s organized health care arrangement (OHCA), including Southeastern Vascular PC and Stephen J. Hoenig, MD PC, for the OHCA’s health care operations.
3. Other uses and disclosures will be made only with your written authorization, including disclosures of your psychotherapy notes, or uses or disclosures that constitute a sale of protected health information, and you may revoke such authorization in writing at any time.
4. The Vascular Care Group may engage in one or more of the following activities:
  - a. The Vascular Care Group may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
5. Unless you object, the Vascular Care Group may disclose to a member of your family, a close friend, or another person that you identify, your protected health information that directly relates to that person’s involvement in your health care. We may use or disclose protected health information to notify a family member, personal representative or any other person responsible for your care of your location, general condition or death. We may disclose your protected health information to authorized individuals to assist in disaster relief efforts. If you are not present or able to agree or object, your caregiver may determine whether the disclosure is in your best interest.
6. The individual has the following rights regarding protected health information:
  - a. The right to request restrictions on certain uses and disclosures of your protected health information. You also may request that your protected health information not be disclosed to persons involved in your care or for

notification purposes. We are not required to agree to a restriction except if you request to restrict disclosure of information to a health plan and (i) the disclosure is for payment or other health care operations purposes and not otherwise required by law, and (ii) the information pertains solely to a health care item or service for which you paid the Vascular Care Group in full.

b. The right to receive confidential communications of your protected health information by alternative means or at an alternative location. We will accommodate reasonable requests.

c. The right to inspect and copy your protected health information. We may charge you a reasonable fee for a copy of your records. If legally permitted, the Vascular Care Group may deny access to certain information, including psychotherapy notes and information compiled in anticipation of litigation. You may have a right to have this decision reviewed.

d. The right to amend your protected health information. In certain cases, the Vascular Care Group may deny your request and you will have the right to file a statement of disagreement.

e. The right to receive an accounting of certain disclosures of your protected health information. This right is subject to certain exceptions, restrictions, and limitations.

f. The right to obtain a paper copy of this Notice from us upon request, even if you agreed to receive the Notice electronically.

7. You have the right to be notified of a breach of unsecured protected health information that affects you.
8. The Vascular Care Group is required by law to maintain the privacy of protected health information and to provide Individuals with notice of its legal duties and Privacy Practices with respect to protected health information.
9. The Vascular Care Group is required to abide by the terms of this Notice currently in effect.
10. The Vascular Care Group reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
11. The Vascular Care Group will provide you with a revised Notice by hand delivery at the time of your first visit following any such change. It is also posted in our offices and on our website.
12. You may complain to The Vascular Care Group and to the Secretary of the Department of Health and Human Services (HHS), without fear of retaliation by us, if you believe your privacy rights have been violated.
13. The Vascular Care Group contact person for matters relating to complaints is the Compliance Officer, 617-829-3420. You may file a complaint with HHS at [www.hhs.gov/privacy/hipaa/complaints](http://www.hhs.gov/privacy/hipaa/complaints).
14. The effective date of this notice is June 20, 2021.

*I hereby acknowledge that I have received and read The Vascular Care Group's Notice of Privacy Practices.*

_____	_____	_____
Printed Name	Signature	Date

If unable to sign, representative signing on your behalf:

_____	_____	_____
Printed Name	Signature	Date

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Relationship to Patient