



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Vigilant Health (VH) is required by law to maintain and protect the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI. We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA").

USE AND DISCLOSURES OF PHI –VH is permitted to use or disclose your PHI for the following purposes and in most cases without your written permission. The following examples describe different ways that we use and disclose your PHI.

- **Treatment.** We may use your health information to provide and coordinate the treatment, medications, and services you receive. VH may disclose this information to your doctors, nurses, registered dietitians, or other staff who take care of you.
- **Payment.** We may use your health information for various payment-related functions. We may contact your insurer or other health care payer to determine whether it will pay for your treatment and the amount of your co-payment.
- **Health Care Operations.** We may use your health information for certain operational, administrative, and quality assurance activities, including day-to-day business activities. Example: We may use information in your health record to monitor the performance of the staff providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of health information.

USE AND DISCLOSURES OF PHI WITHOUT WRITTEN AUTHORIZATION – In addition to treatment, payment or health care operations discussed above, VH is permitted to use or disclose your PHI without your written authorization in the following instances:

- **Food and Drug Administration (FDA)** - We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Fraud Prevention** – We may disclose your PHI in order to detect health care fraud and abuse and maintain compliance with applicable laws and regulations.
- **Health Oversight Activities** - We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings** - Disclosure may be necessary for law enforcement activities in limited situations (in response to a court or administrative order, or in response to a valid and appropriate subpoena or other legal process).
- **Law Enforcement** - We may disclose your PHI for law enforcement purposes in limited situations (including, but not limited to when there is a warrant for the information, or when the information is needed to locate a suspect or stop a crime).
- **Military and Veterans** - If you are a member of the armed forces, we may release PHI about you as required by military command authorities.
- **National Security** - We may release PHI about you to federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.
- **Research** - In limited situation, we may disclose your PHI for research projects.
- **Victims of Abuse or Neglect** - We may disclose PHI about you to a government authority if we reasonably believe that you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law and we believe it is necessary to prevent serious harm to you or someone else.
- **Worker's Compensation** - We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Communication Barriers** – We may use or disclose your PHI if your health care provider or other VH personnel tries to communicate with you for treatment purposes but is unable to do so due to a communication barrier and the provider or other personnel determines, using his/her professional judgment, that you intend to authorize the use or disclosure under the circumstances (e.g., language barriers where an interpreter is needed or hearing impairment is involved).

AUTHORIZATION

VH will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

MARKETING & FUNDRAISING

VH may only use and/or disclose your PHI for marketing activities if we obtain from you prior written authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. Additionally, VH must obtain from you prior written authorization for any disclosure that results in the sale of your PHI.

VH may use and/or disclose your demographic information and the dates that you received treatment from VH, as necessary, in order to contact you for fundraising activities supported by VH. If you do not want to receive these materials, please contact VH's Privacy Office at the address listed below to request, in writing, that these fundraising materials not be sent to your and/or to restrict the use of your PHI for these purposes.

PATIENT BILL OF RIGHTS

1. As a patient of VH, you have the right to: **Request a restriction on certain uses and disclosures of PHI** - You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the VH Privacy Office. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.
2. **Request a restriction of disclosure of PHI to Health Plan** - You have the right to request a restriction of disclosure of your PHI to your health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which you, or another person other than the health plan, has paid VH in full.
3. **Receive Confidential Communications**- You have the right to receive confidential communications or information by alternative means or at alternative locations. You must submit a written request to the VH Privacy Office. We will accommodate all reasonable requests.
4. **Inspect and obtain a copy of PHI** - In most cases, you have the right to access and copy the PHI that we maintain about you. To inspect or copy your PHI, you must send a written request to the Privacy Office. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. You will have the right to have the denial reviewed as set forth more fully in the written denial notice.
5. **Request an amendment of PHI** - If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office listed below. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If you disagree with the denial, you will have the right to submit a written statement of disagreement to VH.
6. **Receive an accounting of disclosures of PHI** - You have the right to receive an accounting of the disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Privacy Office listing (1) the time period for the accounting which may not be longer than six (6) years and (2) the form you would like to receive the accounting (such as paper or electronic copy).
7. **Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request** – VH will prominently post a copy of this Notice on our web site and portal (members.vigilant-health.com). You have the right to obtain a paper copy of this notice from VH upon request.

REVISIONS TO THIS NOTICE

You also have the right to obtain a paper copy of this Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from any VH Clinic or VH Corporate Office. VH reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. A revised Notice will be promptly posted in our clinics and the VH Web Site.

Where to submit written requests outlined above - You may submit written requests to any VH Clinic or by contacting the Corporate Privacy Manager at Vigilant Health, 1040 River Oaks Drive, Suite 302, Jackson, Mississippi 39232 or by telephone at 601-939-9923.

LEGAL RIGHTS AND COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with the VH Privacy Office at the address or telephone number listed below or with the Secretary of the United States Department of Health and Human Services. You may visit the following website for information on filing a complaint with the United States Department of Health and Human Services:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> .

Vigilant Health
1040 River Oaks Drive, Suite 302
Jackson, Mississippi 39232
601-939-9923

VIGILANT HEALTH'S REQUIREMENTS

1. Is required by law to maintain the privacy of your PHI and to provide you with this Notice stating our privacy practices with respect to your PHI.
2. Is required to abide by the terms of this Notice currently in effect.
3. Is required to notify you, in the event you are an affected individual, following a breach of unsecured PHI.
4. Reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all of your PHI that we maintain.
5. Will not retaliate against you for making a complaint.
6. Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.