



**Department of Veterans Affairs  
Veterans Health Administration  
NOTICE OF PRIVACY PRACTICES  
Effective Date September 23, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

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 **without** Your Authorization (*See below for more information about these categories*)

\*Treatment (e.g., giving information to VHA and other doctors and nurses caring for you)

\*Payment (e.g., giving information to non-VHA facilities that provide care or services)

\*Health Care Operations (e.g., giving information to individuals conducting Quality of Care reviews)

\*Eligibility and Enrollment for VA Benefits (e.g., giving information to officials who decide benefits)

\*Abuse Reporting (e.g., giving information about suspected abuse of elders or children to government agencies)

\*Health or Safety Activities Public Health Activities (e.g., giving information about certain diseases to government agencies)

\*Judicial or Administrative Proceedings (e.g., responding to court orders)

\*Law Enforcement Health Care Oversight (e.g., giving information to the Office of Inspector General or a Congressional Committee)

\*Cadaveric Organ, Eye, or Tissue Donation

\*Coroner or Funeral Activities Services (e.g., giving information to contractors or business associates performing services for VHA)

\*National Security Matters

\*Workers' Compensation Cases (e.g., giving information to officials who decide payments for workplace injuries Payment (e.g., giving information to non-VHA facilities that provide care or services)

\*Correctional Facilities

\*When Required by Law Activities Related to Research (e.g., certain activities with only minimal or limited privacy or confidentiality risks)

\*Planning VA research projects (e.g., investigator accesses, but does not disclose or record, individual health information to determine feasibility of opening a study)

\*Military Activities (e.g., giving information to the Department of Defense (DoD) Academic Affiliates (e.g., giving information to assist in training medical students)

\*State Prescription Drug Monitoring Program (SPDMP) reporting and query

\*General Information Disclosures (e.g., giving out general information about you to your family and friends)

\*Verbal disclosures to others while you are present

\*Verbal Disclosures when you are not present (e.g., assisting Family Members or Designated Individuals Involved in your Care)

**Other Uses and Disclosures with Your Authorization.** We may use or disclose your health information for any purpose based on a signed, written authorization you provide us. Your signed written authorization is always required to disclose your psychotherapy notes if they exist. If we were to use or disclose your health information for marketing purposes we would require your signed written authorization. In all other cases, we will not use or make a disclosure of your health information without your signed, written authorization, unless the use or disclosure falls under one of the exceptions described in this Notice. When we receive your signed written authorization we will review the authorization to determine if 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 except to the extent that VHA has relied on 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 to carry out treatment, payment or health care operations, or that we not use or disclose all or part of your health information with individuals such as your relatives or friends involved in your care, including use or disclosure for a particular purpose or to a particular person.

Please be aware, we are not required to agree to such restriction, except in the case of a disclosure restricted under 45 CFR § 164.522(a)(1)(vi). This provision applies only if the disclosure of your health information is to a health plan for the purpose of payment or health care operations and your health information pertains solely to a health care service or visit which you paid in full. However, VHA is not legally able to accept an out of pocket payment from a Veteran for the full cost of a health care service or visit. We are only able to accept payment from a Veteran for co-payments. Therefore, this provision does not apply to VHA and VHA is not required or able to agree to a restriction on the disclosure of your health information to a health plan for the purpose of receiving payment for health care services provided to you.

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.

**NOTE:** *Please send a written request, to your VHA health care facility Privacy Officer. The VHA Privacy Office at Central Office in Washington, D.C. does not maintain VHA health records, nor past military service health records. For a copy of your military service health records, please contact the National Personnel Records*

Center at (314)801-0800. The Web site is <http://www.archives.gov/veterans/military-service-records/medical-records.html>.

**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 provided appeal rights. In response, you may do any of the following:**

- File an appeal.
- File a "Statement of Disagreement."
- Ask that your initial request for amendment accompany all future disclosures of the disputed health information.

**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 (e.g., 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 provides your care.

**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 the following website,  
<http://www.va.gov/vhapublications>

**Notification of a Breach of your Health Information.** If a breach of any of your protected health information occurs, we will notify you and provide instruction for further actions you should take, if any.

**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 Web site for VHA facilities and telephone numbers <http://www1.va.gov/directory/guide/home.asp?isflash=1>
- VA via the Internet through "Contact the VA" at <http://www.va.gov> or by dialing 1-800-983-0936 or by writing the VHA Privacy Office (10P2C1) at 810 Vermont Avenue NW, Washington, DC 20420.
- The U.S. Department of Health and Human Services, Office for Civil Rights at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>
- The Office of the Inspector General. <http://www.va.gov/oig/contact/default.asp>

- Complaints do not have to be in writing, though it is recommended. An individual filing a complaint will not face retaliation by any VA/VHA organization or VA/VHA employee.

**Changes.** We reserve the right to change this Notice. The revised privacy practices will pertain to all existing health information, as well as health information we receive in the future. Should there be any changes we will make available to you a copy of the revised Notice within 60 days of any change.

### **When We May Use or Disclose Your Health Information without Your Authorization**

**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 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. Your protected health information is on 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
- Allowing you to pay for your health care out of pocket so that your insurance is not billed

**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 without your authorization 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, Internal Revenue Service or Social Security Administration, to determine your eligibility for Federal benefits.

**Abuse Reporting.** We may use or disclose your health information without your authorization to report suspected child abuse, including child pornography; 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 without your authorization 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 without your authorization 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 without your authorization for judicial or administrative proceedings, including:

- 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:

- 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; 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 your 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 securing your information.

**National Security Matters.** We may use and disclose your health information without your authorization 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 without your authorization to comply with workers' compensation laws and other similar programs.

**Correctional Facilities.** We may disclose your health information without your authorization 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 the Freedom of Information Act (FOIA); 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).

**Activities Related to Research.** Before we may use health information for research, all research projects must go through a special VHA approval process. This process requires an 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. For many research projects, including any in which you are physically examined or provided care as part of the research, you will be asked to sign a consent form to participate in the project and a separate authorization form 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.
- The IRB approves a waiver of informed consent and a waiver of authorization to use or disclose health information for the research because privacy and confidentiality risks are minimal and other regulatory criteria are satisfied.
- A Limited Data Set containing only *indirectly* identifiable health information (such as dates, unique characteristics, unique numbers or zip codes) is used or disclosed, with a data use agreement (DUA) in place.

**Military Activities.** We may use or disclose your health information without your authorization 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.**

**Academic Affiliates.** We may use or disclose your health information, without your authorization, to support our education and training program for students and residents to enhance the quality of care provided to you.

**State Prescription Drug Monitoring Program (SPDMP).** We may use or disclose your health information, without your authorization, to a SPDMP in an effort to promote the sharing of prescription information to ensure appropriate medical 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, unless otherwise directed by you or your personal representative. 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)

**Verbal 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 to 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.

**Verbal Disclosures to Others When You Are Not Present.** When you are not present, or are unavailable, VHA health care providers may discuss your health care or payment for your health care with your next-of-kin, family, or others with a significant relationship to you without your authorization. This will only be done if it is determined that it is in your best interests. We will limit the disclosure to information that is 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 your in-patient medical care, home-based care, medical supplies such as a wheelchair, and filled prescriptions.

**IMPORTANT NOTE:** *A copy of your medical records can be provided to family, next-of-kin, or other individuals involved in your care only if we have your signed, written authorization or if the individual is your authorized surrogate (the individual who is authorized to make health care decisions on your behalf if you can no longer do so) and the practitioner determines that the information is needed for the individual to make an informed decision regarding your treatment.*

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

**Patient Directories.** Unless you opt-out of the VHA medical center patient directory when being admitted to a VHA health care facility, we may list 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.

**NOTE:** *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.*

## **When We Will Not Use or Disclose Your Health Information**

**Sale of Health Information.** We will not sell your health information. Receipt of a fee expressly permitted by law, such as Privacy Act copying fees or FOIA fees is not a sale of health information.

**Genetic Information Nondiscrimination Act (GINA).** We will not use genetic information to discriminate against you either through employment or to determine your eligibility for VA benefits.

**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 if you would like further explanation of this Notice. The VHA Privacy Office may be reached by mail at VHA Privacy Office, Office of Informatics and Analytics (10P2C1), 810 Vermont Avenue NW, Washington, DC 20420 or by telephone at 1-877-461-5038.

# Veterans Rights

- A Notice of Privacy Practices (NoPP),
- A copy of their own Protected Health Information,
- Request an amendment to health records,
- Accounting of Disclosures,
- Confidential Communications,
- Request restriction of use or disclosure of records, and
- File a complaint

These rights extend to the personal representative of a deceased individual (e.g. Executor of the Estate, Next of Kin).



# Notice of Privacy Practices (NoPP)

A Veteran or Non-Veteran receiving treatment has the right to receive a copy of the "Notice of Privacy Practices" (NoPP).

All newly registered Veterans are mailed a Notice of Privacy Practices by the Health Eligibility Center (HEC). The VHA Privacy Office is responsible for updating the NoPP and ensuring Veterans are provided the NoPP every three years or when there is a significant change.

This notice includes the uses and disclosures of his/her protected health information by VHA, as well as, the Veteran's rights and VHA's legal responsibilities with respect to protected health information. There is one NoPP for all of VHA.

A copy of the NoPP can be obtained from the Facility Privacy Officer or Eligibility/Correspondence. NYHHS facility Privacy Officers: Lindsay Dean (212) 951-5944 and Chrissie Palividas (718) 836-6600 x4607.



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*(See below for more information about these categories)*

- Treatment (e.g., giving information to VHA and other doctors and nurses caring for you)
- Payment (e.g., giving
- Law Enforcement
- Health Care Oversight (e.g., giving information to the Office of Inspector General or a Congressional
- Planning VA research projects (e.g., investigator accesses, but does not disclose or record, individual health information to

## Right of Access

A Veteran has a right to obtain a copy of his or her own health record. A Veteran must submit **a signed written request** to the VHA health care facility where the record is maintained.

Veterans can bring the written request to the Facility Release of Information (ROI) Office. Clinical providers may disclose patient information at Point of Care, without a written request, if it is for patient education purposes. Veterans requesting copies of their health records must provide sufficient information to verify their identity, e.g., driver's license or other picture identification, to ensure appropriate disclosure.

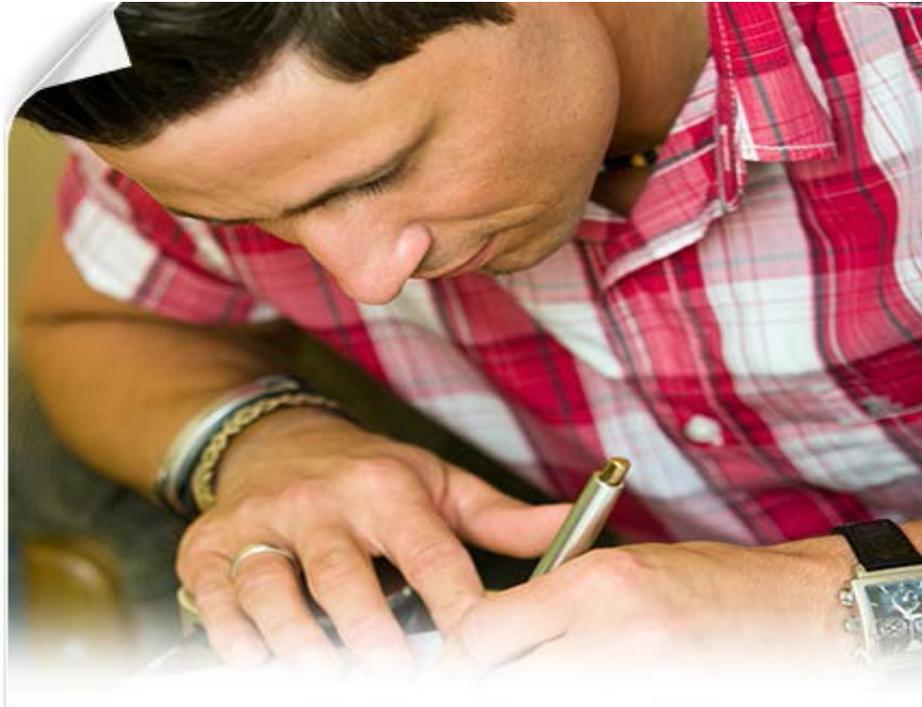


## Right to Request an Amendment

The Veteran has the right to request an amendment to any information in their health record. The request must be in writing and adequately describe the specific information the Veteran believes to be inaccurate, incomplete, irrelevant, or untimely, and the reason for this belief.

The **written request** should be mailed or delivered to the VHA health care facility that maintains the record. Requests for amendments to health records should be directed to the local Privacy Officer or Release of Information Department.

Department of Veterans Affairs  
423 East 23<sup>rd</sup> Street  
New York, NY 10010  
Attn: Privacy/FOIA Officer (630EO00)



## Right to an Accounting of Disclosures

A Veteran may request a list of all written disclosures of information, from his/her records. VHA facilities and program offices are required to keep an accurate accounting for each disclosure made to a party external to VHA. An accounting **is not** required to be maintained in certain circumstances, including when the disclosure is to VHA employees who have a need for the information in the performance of their official duties, if the release is to the individual to whom the record pertains or the release is pursuant to a FOIA request.

Contact your VHA facility Privacy Officers for additional guidance. Lindsay Dean (212) 951-5944 and Chrissie Palividas (718) 836-6600 x4607

Department of Veterans Affairs	
ACCOUNTING OF RECORDS/INFORMATION DISCLOSURE UNDER PRIVACY ACT	
1. FILE RECORD NO. (if applicable)	
2. NAME OF INDIVIDUAL TO WHOM THE RECORDS/INFORMATION PERTAINS	3. DATE OF DISCLOSURE
4. NATURE OF DISCLOSURE (include brief description of each type of disclosure record disclosed)	
5. PURPOSE OF DISCLOSURE	
6. NAME AND ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSURE IS MADE	7. AUTHORITY FOR RELEASE OF INFORMATION (cite authority of applicant for release, etc.)
8. NAME AND TITLE OF VA EMPLOYEE MAKING THE DISCLOSURE	

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# Right to Confidential Communications

The Veteran has the right to request and receive communications confidentially from VHA by an alternative means or at an alternative location. VHA considers an alternative means to be an in-person request, and an alternative location to be an address other than the individual's permanent address listed in Veterans Health Information Systems and Technology Architecture (VistA).

VHA shall accommodate reasonable requests from the individual to receive communications at an alternative address entered in VistA for any of the five correspondence types below:

- Eligibility or enrollment,
- Appointment or scheduling,
- Co-payments or Veteran billing,
- Health records, and
- All other

Requests to send documents or correspondence to multiple addresses will be considered unreasonable and therefore denied (all or none to one address). Requests for confidential communications, in person or in writing, shall be referred to the appropriate office, such as eligibility or enrollment, for processing. All requests for confidential communication via e-mail will be denied.



## Right to Request a Restriction

The Veteran has the right to request VHA to restrict its use or disclosure of PHI to carry out treatment, payment, or health care operations. The Veteran also has the right to request VHA to restrict the disclosure of PHI to the next of kin, family, or significant others involved in the individual's care. This request must be in writing and signed by the Veteran. Documenting in the CPRS health record does not constitute a valid restriction request.

VHA **is not required** to agree to such restrictions, but if it does, VHA must adhere to the restrictions to which it has agreed. A request for restriction should be delivered to the Privacy Officer or designee for processing.

NYHHS facility Privacy Officers: Lindsay Dean  
(212) 951-5944 and Chrissie Palividas (718)  
836-6600 x4607



## Right to Opt-Out of Facility Directory

A Veteran has the right to opt-out of the facility directory. The facility directory is used to provide information on the location and general status of a Veteran. Veterans must be in an inpatient setting in order to opt-out and thus it does not apply to the emergency room or other outpatient settings. If the Veteran opts out of the facility directory no information will be given unless required by law. The Veteran will not receive mail or flowers. If the Veteran has opted out of the directory visitors will only be directed to the Veteran's room if they already know the room number.

If the Veteran is admitted emergently and medically cannot give their opt-out preference, the provider will use their professional judgment and make the determination for the Veteran. This determination may be based on previous admissions, or by a family member who is involved in the care of the Veteran. When the Veteran becomes able to make a decision, staff is required to ask the individual their preference about opting out of the facility directory.



# Authorization Requirements

When a written authorization of the individual is required for use or disclosure of PHI, the authorization must contain each of the following elements to be valid:

- Be in writing,
- Identify the individual to whom the requested information pertains to,
- Identify the permitted recipient or user,
- Describe the information requested,
- Describe the purpose of the requested use or disclosure,
- Contain the signature of the individual whose records will be used or disclosed,
- Contain an expiration date, satisfaction of a need or an event,
- Include a statement that the patient may revoke the authorization in writing, except to the extent the facility has already acted in reliance on it, and a description of how the individual may revoke the authorization,
- Include a statement that treatment, payment, enrollment, or eligibility for benefits cannot be conditioned on the individual completing an authorization, and
- Include a statement that the information may no longer be protected from re-disclosure.

If any of the authorization requirements listed above have not been satisfied the authorization will be considered invalid.

