

**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 Group¹ 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 of 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, including correctional institutions.
 - 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) For 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. We are required to protect your medical information in accordance with the Federal HIPAA Privacy Rule for 50 years after your death. We may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person’s involvement, unless doing so would be inconsistent with wishes you expressed to us during your life.
5. 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.
6. 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

¹ This notice serves as a single notice for several health care providers that share common ownership or control: The Vascular Care Group, LLC; TVCG Newton-Wellesley, PLLC; TVCG UM, PLLC; TVCG Harrington, PLLC; Stephen J. Hoenig, MD, PLLC; Southeastern Vascular, PLLC (collectively referred to herein as The Vascular Care Group or “TVCG”).

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.

7. 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. 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 the 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.
8. You have the right to be notified of a breach of unsecured protected health information that affects you.
9. 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.
10. The Vascular Care Group is required to abide by the terms of this Notice currently in effect.
11. 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.
12. 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.
13. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer at 617-644-7615 or privacy@vascularcaregrp.com.
14. You may also contact the Office for Civil Rights, U.S. Department of Health and Human Services, without fear of retaliation by us, if you believe your privacy rights have been violated.

The address for the OCR is:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
www.hhs.gov/privacy/hipaa/complaints

The effective date of this notice is February 1, 2022.

Public Notice of Nondiscrimination and Accessibility

TVCG complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TVCG does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. TVCG:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign effectively interpreters
 - Written information in other formats, based on an individual's needs

2. Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact a staff member or supervisor.

If you believe that TVCG has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the Office at:

Phone: 617-829-3004

Email: Compliance@mangrovemp.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, the front desk is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave. SW

Room 509F, HHH Building

Washington, DC 20201

Phone: **800-368-1019**

TDD: **800-537-7697**

Complaint forms are available at:

www.hhs.gov/ocr/office/file/index.html