and transplantation. The information that [Vibrant Health Family Clinics] may disclose is limited to the information necessary to make a transplant possible.

- **Military and Veterans:** If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law or your authorized representative has given us permission. We may also release medical information about foreign military personnel to the appropriate foreign military authorities as required by law. If you are a veteran and you authorized or revoked permission for the release of your information, you must contact the Department of Veterans Affairs or the Department of Defense to request that the information be reviewed.

- **Workers’ Compensation:** We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness. We are required by law to disclose information related to your workers’ compensation claim.

- **Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:
  - Preventing or controlling disease, injury or disability;
  - Reporting child abuse or neglect, or abuse of a vulnerable adult;
  - Notifying people of recalls of products they may be using;
  - Notifying the patient who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  - Reporting to the FDA as permitted or required by law.

- **Health Oversight Activities:** [Vibrant Health Family Clinics] may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include law enforcement officials in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of abuse, neglect, or exploitation of a vulnerable person to the person’s family members, the person’s legal representative, or appropriate state and local agencies that are responsible for the welfare of the person. We may also disclose information to the person’s family members, legal representative, or a social worker if you are unable to give consent due to a known terminal illness. We may disclose information to the person’s family members, legal representative, or a social worker if you are unable to give consent due to a known terminal illness.

- **Facility Directory:** We may include certain limited information about you in our facility directory. This information may include your name, location in the health care facility, general nature of your condition or treatment, and dates of admission and discharge. However, we will not disclose other information contained in your medical record, such as your name, address, or telephone number, in the facility directory.

- **Law Enforcement:** We may receive medical information if asked to do so by a law enforcement official as required by law or with your written consent. If you are unable to give your consent, we may disclose information to law enforcement officials if we are required to do so by law or if an emergency situation exists and the disclosure is necessary to prevent serious harm to you or others. We may also disclose information to law enforcement officials if we are required to do so by law or if an emergency situation exists and the disclosure is necessary to prevent serious harm to you or others. We may also disclose information to law enforcement officials if we are required to do so by law or if an emergency situation exists and the disclosure is necessary to prevent serious harm to you or others.

- **Funding:** [Vibrant Health Family Clinics], one of its business associates (Vibrant Health Family Clinics), may use or disclose medical information to carry out operations necessary to run [Vibrant Health Family Clinics] or to take care of you. We may also disclose medical information about you to your employer so that they can perform the job we have contracted with them to do. To Business Associates:

- **Right to Request Restrictions:** You have the right to request a limitation on the medical information that we use or disclose about you. However, we are not required to agree to a request if it would negatively impact our ability to provide effective care to you or if it would otherwise be illegal or unethical. To request restrictions, you must submit your request in writing to [Vibrant Health Family Clinics]. We will provide you with a notice of your right to request restrictions as well as the procedure that you must follow to request such a restriction.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. However, if you request that we provide you with your information in a manner in which a third party will not be able to access it or if you request that we provide a substitute means of communication that is not available, we are not required to do so. To request confidential communications, you must submit your request in writing to [Vibrant Health Family Clinics]. We will provide you with a notice of your right to request confidential communications as well as the procedure that you must follow to request such a request.

- **Right to Receive a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice at any time by contacting [Vibrant Health Family Clinics]. This notice is on our website, www.VibrantHealthClinics.com.

- **Complaints or Questions:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with [Vibrant Health Family Clinics], or to ask a question about this Notice, you may contact [Vibrant Health Family Clinics] at [Vibrant Health Family Clinics]. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, [Vibrant Health Family Clinics] will provide you with written notice of your right to opt out of any uses or disclosures of your protected health information that are not required by law or your agreement. You may opt out by contacting (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

Changes to This Notice

We reserve the right to change this notice at any time. If we change the notice, we will provide you with a revised notice. You have the right to request a copy of the revised or most recent notice. Upon request, we will provide you with this notice and inform you of any changes. This notice is on our website, www.VibrantHealthClinics.com.

Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact us and ask to be given a copy of this notice at any time. This notice is on our website, www.VibrantHealthClinics.com.

Right to a Paper Copy of This Notice:

You have the right to receive a paper copy of your health information in paper form. To request a copy of this notice, please contact us and ask to be given a copy of this notice at any time. This notice is on our website, www.VibrantHealthClinics.com.

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for most uses and disclosures of protected health information. However, if you do not wish to receive a copy of the notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint, please contact us and ask to be given a copy of this notice at any time. This notice is on our website, www.VibrantHealthClinics.com.

Right to Request Restrictions:

You have the right to request that [Vibrant Health Family Clinics] limit the medical information that we use or disclose about you. You have the right to request that we limit the disclosures we make by specifying your request in writing to [Vibrant Health Family Clinics]. We will provide you with a notice of your right to request restrictions as well as the procedure that you must follow to request such a restriction.

Right to an Accounting of Disclosures:

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

Right to Request Confidential Communications:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. However, if you request that we provide you with your information in a manner in which a third party will not be able to access it or if you request that we provide a substitute means of communication that is not available, we are not required to do so. To request confidential communications, you must submit your request in writing to [Vibrant Health Family Clinics]. We will provide you with a notice of your right to request confidential communications as well as the procedure that you must follow to request such a request.

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Changes to This Notice

The effective date of this notice is April 14, 2003, and it has been updated effective September 23, 2013. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this notice change, [Vibrant Health Family Clinics] will provide you with written notification of the revised notice upon request, and we will post the revised notice [on our website] and [in designated locations at [Vibrant Health Family Clinics]].

Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with [Vibrant Health Family Clinics], or to ask a question about this Notice, you may contact [Vibrant Health Family Clinics]. Your complaint must be submitted in writing. You will not be penalized for filing a complaint.

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