

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.



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
- 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 23rd 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		1. FILE RECORD NO. (if applicable)
ACCOUNTING OF RECORDS/INFORMATION DISCLOSURE UNDER PRIVACY ACT		
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.

