Department of Veterans Affairs
Veterans Health Administration
NOTICE OF PRIVACY PRACTICES

Effective Date September 30, 2025

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

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is required by law to maintain the privacy of your health information and provide you with notice of its legal duties and privacy practices. This Notice outlines the ways in which VHA may use or disclose your health information without your permission for treatment, payment, and health care operations, and when otherwise required or permitted by law. For VHA to use or disclose your information for any other purposes, your permission in the form of a signed, written authorization is necessary. Please review this Notice carefully to understand your privacy rights and VHA's obligations to protect your health information.

YOUR PRIVACY RIGHTS

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 certain VHA records, including paper and electronic health records, by submitting a request for your VA health records to the facility Privacy Officer at the VA health care facility that provided or paid for your care or maintains your information or VA health records. The VHA Privacy Office at Central Office in Washington, D.C. does not maintain VA health records or 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 and https://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 (i.e., correction) to your health information in certain VHA records if you believe it is incomplete, inaccurate, untimely, or unrelated to your care. A request for amendment must be in writing, specify the information you dispute and why it should be corrected, and be submitted to the facility Privacy Officer at the VA health care facility that maintains your information or VA health records.

If your request for amendment is denied, you will be notified in writing of this decision, your right to appeal the decision, and your options, including all or any of the following:

- File an appeal to have the amendment decision reconsidered.
- File a "Statement of Disagreement" that will be included in your VA health record.
- Ask that your 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, such as:

- At a mailing address (e.g., confidential communications address) other than your permanent address.

- In person, under certain circumstances.

We will generally accommodate requests that are determined reasonable under VA/VHA policy.

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 to individuals, such as your relatives or friends involved in your care, or for a particular purpose. A request for restriction must be in writing, specify the information you want restricted and when you want it restricted, and be submitted to the facility Privacy Officer at the VA health care facility that provided or paid for your care or maintains your VA health record. If we agree to your request, we will honor the restriction until you revoke it or the agreement is terminated with notice by VHA, unless the information is needed to provide you with emergency treatment.

Please be aware that, because VHA is a health care organization and a "covered entity" under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and because VHA is prohibited from accepting an out-of-pocket payment for the cost of a health care service or visit, we are not required 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 VA provided to you.

NOTE: *We are not able to honor requests to remove all or part of your health information from the electronic database of health information shared by VHA and Department of Defense (DoD), or to restrict access to your health information by DoD providers with whom you have a treatment relationship.*

Right to Receive an Accounting of Disclosures. You have the right to know what disclosures of your health information have been made outside of VHA, including those made to you upon request or to others pursuant to your authorization. A request for an accounting must be submitted in writing to the facility Privacy Officer at the VA health care facility that provided or paid for your care or maintains your information or VA health record.

Right to a Printed Copy of the Privacy Notice. You have the right to obtain a paper copy of this Notice at any time from VHA. You can obtain this Notice from the Privacy Officer at your local VA health care facility or at: https://www.va.gov/vhapublications/publications.cfm?Pub=8. In addition, we notify VHA beneficiaries every three (3) years on the availability of and how to obtain this Notice.

Notification of a Breach of Your Health Information. If we discover that your health information has been breached, we will notify you and provide you with a description of the breach, the information involved, any steps you can take to protect yourself, our actions in response to the breach, and contact procedures for questions or additional information.

Complaints. If you are concerned that your privacy rights have been violated, you may file a complaint with:

- The Privacy Officer at your local VA health care facility, as listed at https://www.va.gov/directory/guide/home.asp?isflash=1.
- VA, via "Contact us" at https://www.va.gov/contact-us/, 1-800-983-0936, or the VHA Privacy Office (10DH03A) at 810 Vermont Avenue NW, Washington, DC 20420.
- The U.S. Department of Health and Human Services, Office for Civil Rights, at https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html.
- The Office of the Inspector General, at https://www.vaoig.gov/hotline/online-forms.

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.

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

Your health information may be used or disclosed without your authorization as described below and, once disclosed, may be subject to redisclosure by the recipient and no longer protected by HIPAA.

Treatment. We may use and disclose your health information without your authorization for your care and treatment or to provide you with health care services, such as:

- 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 and health care benefits
- Seeking placement in community living centers or skilled nursing homes
- Providing or obtaining home-based services or hospice services
- Filling and submitting prescriptions for medications, supplies, and equipment
- Coordination of care, including care with DoD and other non-VHA providers
- Communicating with non-VHA providers regarding your care through health information exchanges
- Using Artificial Intelligence (AI) solutions to supplement or support diagnostics and clinical decision-making

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 health information is on an electronic database that is shared by VHA and DoD. VHA does not have the ability, even if you ask us to do so, to restrict DoD's access to your health information maintained on this shared database.*

***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 hospital staff who 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.
4) A Veteran is seen by his community health care provider, who wants to review the Veteran's last blood work results from his VHA Primary Care visit for comparison. The community health care provider uses a local health information exchange to request and receive the results from VHA to better care for the Veteran.

Payment. We may use and disclose your health information without your authorization for payment purposes or to receive reimbursement for care provided, such as:

- Determining eligibility for health care services
- Paying for non-VHA care and services, such as CHAMPVA and community care
- Coordinating benefits with other insurance payers
- Finding or verifying coverage under a health insurance plan or policy
- Pre-certifying insurance benefits
- Billing and collecting for health care services provided by VHA
- Reporting to consumer reporting agencies regarding delinquent debt owed to VHA

Examples:
1) A Veteran is seeking care at a VA health care facility. VA uses the Veteran's health information to determine eligibility for health care services.
2) The VA 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.
3) A Veteran owes VA $5000 in copayments for Non-Service-Connected care over two years and has not

responded to reasonable administrative efforts to collect the debt. VA releases information concerning the debt to a consumer reporting agency for third-party decisions regarding the Veteran's credit, insurance, housing, banking services, or utilities.

Health Care Operations. We may use or disclose your health information without your authorization to support the activities related to health care, such as:

- 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
- Addressing patient complaints
- 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 and software, including AI
- Enrollment in VA health care benefits
- Legal services
- Conducting accreditation activities
- Certifying, licensing, or credentialing of health care professionals
- Conducting audits and compliance programs, including fraud, waste, and abuse investigations
- Performing process reviews and root cause analyses

Examples:

1) Medical Service, within a VA 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 clinical practices.
2) A VA health care facility discloses a Veteran's health information to the Department of Justice (DOJ) attorneys defending VHA in litigation.
3) VHA uses Veteran information to train clinical providers on the use of the electronic health record.

Eligibility and Enrollment for Federal Benefits. We may use or disclose your health information without your authorization 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 or entitlement to, or provide you with, Federal benefits. VHA may also share your health information with other VA programs to obtain information to improve your overall well-being.

Abuse Reporting. We may use or disclose your health information without your authorization to report suspected child abuse such as child pornography, elder abuse or neglect, or domestic violence to appropriate Federal, State, local, or tribal authorities for the health and safety of the alleged victim.

Serious and Imminent Threat to Health and Safety. We may use or disclose your health information without your authorization when necessary to prevent or lessen a serious and imminent threat to the health and safety of the public, yourself, or another person. Such 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 of any such disclosure of your health information.

Public Health Activities. We may use or 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, such as:

- Controlling and preventing disease, injury, or disability
- Reporting vaccination events
- Reporting vital events such as births and deaths
- Reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases, and 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 use or disclose your health information without your authorization for judicial or administrative proceedings, such as responding to an order of a court requiring the disclosure.

Law Enforcement. We may disclose your health information without your authorization to law enforcement agencies for law enforcement purposes when applicable legal requirements are met, such as:

- Identifying or apprehending an individual who has admitted to participating in a violent crime
- Reporting a death for which a crime is suspected
- 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
- Investigating a specific criminal act

Health Care Oversight. We may use or disclose your health information without your authorization to a governmental health care oversight agency (e.g., Inspector General, House Veterans Affairs Committee) for oversight 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. If you are an organ donor and death is imminent, we may use or disclose your relevant health information without your authorization to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for 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 decision for you regarding organ donation.

Coroner or Medical Examiner. We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.

Funeral Services. We may disclose your health information upon your death to a funeral director for burial purposes.

Services. We may disclose your health information without your authorization to individuals, companies, and others who need the information to perform a function or service for or on behalf of VHA, provided a business associate agreement and, if applicable, a contractual document are in place.

National Security Matters. We may use and disclose your health information without your authorization to authorized Federal officials for national security and intelligence activities, including protective services for the President and other officials.

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, protect the health and safety of you or others, or ensure the safety of the correctional facility.

Required by Law. We may use or disclose your health information without your authorization to the extent required or mandated by Federal law (e.g., Americans with Disabilities Act, Freedom of Information Act (FOIA)) or to comply with a HIPAA privacy or security rule complaint investigation or review by the Department of Health and Human Services.

Activities Related to Research. While research projects will often require your authorization for use and disclosure of your health information, we may use or disclose your health information without your authorization when:

- A researcher is preparing a plan for a research project and, as part of activities preparatory to research, needs to examine patient medical records to identify patients with specific medical needs. The researcher may not use your health information to contact you or conduct the study and must agree to use this information only to prepare a plan for a research study and to not remove that information from the VA health care facility.
- The Institutional Review Board (IRB), upon evaluating the research project and the proposed use of health information, approves 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 (e.g., dates, unique characteristics, unique numbers, zip codes) is used or disclosed, pursuant to a data use agreement (DUA).

Military Activities. If you are a member of the Armed Forces, we may use or disclose your health information without your authorization 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. ***Example:*** We provide your Base Commander, upon request, with your health information to determine your fitness for duty or deployment.

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 to promote the sharing of prescription information, including between providers prescribing medications, to ensure safe medical care.

General Information Disclosures. We may disclose general information about you without your authorization to your family and friends, unless otherwise directed by you or your personal representative. These disclosures, made only as necessary and on a need-to-know basis consistent with good medical and ethical practices, are limited to general information, as follows:

- Verification of identity
- Your condition described in general terms (e.g., critical, stable, good, prognosis poor)
- Your location in a VA health care facility (e.g., building, floor, 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 other individuals that you identify. For instance, your doctor may wish to discuss your condition while your spouse is at your bedside or in the exam room. The doctor will first ask if it is acceptable to you for the person to remain in the room and will not make the disclosure if you object.

Verbal Disclosures to Others When You Are Not Present. When you are not present or are otherwise unavailable, we 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 disclosure, which will take place only if it is determined that it is in your best interests, will be limited to information that is directly relevant to the other person's involvement with your health care or payment for your health care. ***Example:*** We may disclose to your spouse who is involved in your care information concerning your in-patient medical care, home-based care, medical supplies such as a wheelchair, or filled prescriptions.

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 personal representative, such as through a Power of Attorney.*

When We May Use or Disclose Your Health Information with Your Authorization

Uses and Disclosures with Your Authorization. In addition to uses and disclosures described in this Notice, we may share your health information for other purposes as specified in a signed, written authorization we receive directly from you or indirectly from another entity. Your signed, written authorization is always required for us to disclose your psychotherapy notes, if they exist, or to use or disclose your health information for marketing purposes. In all other cases, we will not use or disclose your health information without your signed, written authorization, unless the use or disclosure falls under one of the exceptions described in this Notice. Before disclosing your health information as specified in your signed, written authorization, we will review the document to determine if it is valid.

Revocation of Authorization. You may revoke your authorization at any time by written request. If you revoke your authorization, we will no longer use or disclose your health information unless the use or disclosure falls under one of the exceptions described in this Notice or as otherwise permitted by law. Please understand that we are unable to take back any information we have already used or disclosed based on your signed, written authorization.

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

Patient Directories. Unless you opt out of the VA medical center patient directory when being admitted to a VA health care facility, we may inform people who ask for you by name of your general condition and the location where you are receiving care. In addition, your religious affiliation may be disclosed to members of the clergy who ask for you by name.

NOTE: *If you object to being listed in the patient directory, no information about you will be shared unless there is other legal authority. We will not be able to direct your family and friends to your room in the hospital. You will not be able to receive flowers or mail, including Federal benefits checks, and all deliveries 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 by VA of a fee

expressly permitted by law, such as Privacy Act copying fees or FOIA copying fees, is not a "sale of health information."

Genetic Information. We will not use or disclose genetic information to determine your eligibility for or enrollment in VA health care benefits.

38 U.S.C. § 7332-Protected Records

Records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with HIV, or sickle cell anemia receive special protection under 38 U.S.C. § 7332. Therefore, the disclosure of such records may be restricted or limited beyond what is permitted under HIPAA and described in this Notice.

Although the requirements of 42 CFR part 2 do not apply to substance use disorder treatment records received by VHA and maintained in VA health records per 42 CFR § 2.212(c)(1), VHA will apply the protections of 38 U.S.C. § 7332 to any substance use disorder treatment records incorporated into VA health records.

Changes to This Notice. We reserve the right to change this Notice, which pertains to all existing health information, as well as health information we receive in the future. Should there be any changes, we will post the revised Notice at https://www.va.gov/health/ within 180 days, with the effective date on the first page and information on how you can obtain the revised Notice.

Contact Information. You may contact the Privacy Officer at your local VA health care facility with questions regarding the privacy of your health information or for further explanation of this Notice. The VHA Privacy Office may be reached by mail at VHA Privacy Office, Office of Health Informatics (10DH03A), 810 Vermont Avenue NW, Washington, DC 20420 or by telephone at 1-877-461-5038 (toll free).