3) A Veteran owes VA $5000 in copayments for Non-Service Connected care over two years. The Veteran has not responded to reasonable administrative
requests. Therefore, VA will assess a financial penalty for the
unpaid amount.

When We May Use or Disclose Your Health Information

We may use or disclose your health information without your authorization for treatment or to provide health care services. This includes using and
disclosing information to" treat, to provide health care services, to obtain payment, and to carry out operations.

Examples:

• Providing information about treatment
• Communicating with non-VHA providers regarding your care through health information exchanges
• Conducting audits and compliance programs,
• Conducting accreditation activities
• Enabling product recalls, repairs or replacements, or recalls, repairs or replacements of medical devices, equipment, or
services

When We Will Not Use or Disclose Your Health Information

We will not use or disclose your health information without your authorization for purposes other than treatment, payment, and health oversight activities. The specific types of situations under which we will not use your information are:

Examples:

• Your condition described in general terms (e.g., critical, stable, good, prognosis poor)
• Your condition that is not associated with an identifiable victim
• Your condition that is not associated with an identifiable suspect

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

We may use or disclose your health information without your authorization for a number of reasons. Generally, we will only use or disclose your information to carry out operations, or to support your treatment or the treatment of another person involved in your care. However, there are situations in which we may use or disclose your information without your authorization.

Examples:

• Targeted advertising
• Preventing certain health care fraud, waste, or abuse; and
• Using or disclosing your health information to apply for health care assistance

If you request for amendment is denied, you will be notified of this decision in writing and given information about your right to submit a statement to
support the amendment. We will send a copy of any such statement to your Health Care Provider or to the person or entity to which we disclose the
amended record.

Right to Receive a Copy of the Privacy Notice

You have the right to obtain a copy of this Notice from the facility Privacy Officer at your local VHA health care facility. You can also obtain a copy of this Notice at the following website: http://www.va.gov/OPPL/privacy/pn/

Right to Request Access to Your 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 our local VHA health care facility. You may also obtain a copy of this Notice at the following website:
http://www.va.gov/OPPL/privacy/pn/

We use and disclose your health information without your authorization for purposes to carry out operations, and to support your treatment or the
treatment of another person involved in your care. However, there are situations in which we may use or disclose your information without
your authorization.

Examples:

• Your condition described in general terms (e.g., critical, stable, good, prognosis poor)
• Your condition that is not associated with an identifiable victim
• Your condition that is not associated with an identifiable suspect

If you report an adverse event to the VA, VA will respond to your concern, resolve the issue to your satisfaction, or provide some other justifiable
course of action. If you are not satisfied with our response, you may file a complaint with the Office of Internal Ombudsman or a state or local
civil rights agency before you can take any further action against us or our employees. If you have a complaint about our dealings with you, you should file
it as soon as possible, but not later than 30 days after you have been notified of our finding.

Service and Environmental Threats and Safety

We may disclose your health information without your authorization when necessary to prevent or lessen a threat to the health and safety of the
general public. This includes disasters or other mass casualty events. No consent is required to make this disclosure.

Examples:

• Preparing a plan for a research study; the researcher may not use it to contact you or identify you in any way

We may disclose your health information without your authorization to a correctional facility if you are an inmate and disclosure is necessary
for the correctional facility to carry out its legal responsibilities or for your health and safety. You have a right to restrict or prohibit such disclosures after
you have been informed of them.

Examples:

• Your condition described in general terms (e.g., critical, stable, good, prognosis poor)
• Your condition that is not associated with an identifiable victim
• Your condition that is not associated with an identifiable suspect

If you report an adverse event to the VA, VA will respond to your concern, resolve the issue to your satisfaction, or provide some other justifiable
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