



NOTICE OF PRIVACY PRACTICES

Vital Primary Care Clinic

Your Information. Your Rights. Our Responsibilities.

This Notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

Introduction

Vital Primary Care Clinic is committed to protecting the privacy of your health information. This Notice explains our legal duties and privacy practices regarding your protected health information (PHI).

We are required by law to maintain the privacy and security of your PHI and to provide you with this Notice.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Request correction of your medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of disclosures of your information
- Get a copy of this Notice at any time
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have choices regarding how we share your information in certain situations, including:

- Sharing information with family or friends involved in your care
- Sharing information in emergencies
- Including your information in a clinic directory

If you are unable to express your preference, we may share information if we believe it is in your best interest.

Uses & Disclosures

We may use and share your health information to:

Treatment

Provide and coordinate your medical care with other healthcare providers.

Payment

Bill and receive payment from health plans or other entities.

Healthcare Operations

Run our clinic, improve care, and manage operations.

Other permitted uses include:

- Public health activities
- Health research (as permitted by law)
- Compliance with legal requirements
- Responding to court orders or law enforcement requests
- Workers' compensation claims

We will not use or share your information for marketing purposes without your written permission.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your PHI
- Notify you if a breach occurs
- Follow the terms of this Notice

- Not use or disclose your information beyond what is described here without your written authorization

Complaints & Contact

If you believe your privacy rights have been violated, you may:
Contact us at:

Vital Primary Care Clinic

3334 North Front St
Philadelphia, PA 19140
Phone: 215-309-1624

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW
Washington, DC 20201
Phone: 1-800-368-1019

We will not retaliate against you for filing a complaint.

Effective Date

This Notice is effective as of: **1/26/2026**

We reserve the right to change this Notice and apply changes to all health information we maintain.

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