



# NOTICE OF PRIVACY PRACTICES

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## 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.