# Notice of Privacy Practices

**OSVC Health – Onsite Vaccine Clinic**
**Effective Date:** _____7/2026_____

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **OSVC Health**, we are committed to protecting the privacy and confidentiality of your protected health information ("PHI"). This Notice explains how we may use and disclose your health information, your rights regarding your health information, and our legal responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## Our Commitment to Your Privacy

We understand that your medical information is personal. We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you following a breach of unsecured protected health information when required by law.
- Abide by the terms of this Notice currently in effect.

## How We May Use and Disclose Your Health Information

### Treatment

We may use and disclose your health information to provide, coordinate, or manage your healthcare services, including vaccine administration, follow-up care, and communication with other healthcare providers involved in your care.

### Payment

We may use or disclose your information to obtain payment for healthcare services, including submitting claims to health insurance plans, Medicare, Medicaid, or other third-party payers.

### Healthcare Operations

We may use and disclose your information for our business operations, including:

- Quality assessment and improvement
- Staff training and education

- Credentialing and licensing
- Compliance reviews
- Audits
- Business planning and management

## Appointment Reminders and Communications

We may contact you by phone, text message, email, or mail regarding:

- Vaccine appointments
- Follow-up care
- Immunization reminders
- Health-related benefits and services

## Public Health Activities

We may disclose health information when required or authorized by law, including reporting:

- Immunizations to state immunization registries
- Communicable diseases
- Adverse vaccine reactions
- Public health investigations

## Required by Law

We may disclose your information when required by federal, state, or local law.

## Health Oversight Activities

We may disclose information to agencies responsible for licensing, audits, inspections, investigations, or regulatory oversight.

## Law Enforcement

We may disclose information to law enforcement officials as permitted or required by law.

## Research

Under certain circumstances, we may use or disclose your information for research purposes when approved by applicable law and privacy protections.

## Business Associates

We may share information with vendors and service providers who perform services on our behalf. These organizations are required by law and contract to protect your information.

## Uses That Require Your Written Authorization

Except as described in this Notice, we will not use or disclose your protected health information without your written authorization. You may revoke your authorization at any time in writing, except to the extent we have already acted upon it.

Examples include:

- Marketing communications not otherwise permitted by HIPAA
- Sale of protected health information
- Most uses or disclosures of psychotherapy notes (if applicable)

## Your Rights Regarding Your Health Information

You have the right to:

### Request Access

Request to inspect or obtain a copy of your health records.

### Request an Amendment

Request corrections if you believe your health information is incorrect or incomplete.

### Request Restrictions

Request limitations on certain uses or disclosures of your information. While we will consider your request, we are not always required to agree.

### Request Confidential Communications

Ask that we communicate with you in a specific way or at a specific location.

### Receive an Accounting of Disclosures

Request a list of certain disclosures we have made of your health information.

### Obtain a Paper Copy

Request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

## Our Responsibilities

OSVC Health is required to:

- Protect the privacy of your health information.
- Provide this Notice to you.
- Follow the privacy practices described in this Notice.

- Notify affected individuals if a breach of unsecured protected health information occurs, as required by law.

## Changes to This Notice

We reserve the right to revise this Notice at any time. Any revised Notice will apply to all protected health information maintained by OSVC Health. The updated Notice will be posted on our website and made available upon request.