



PATIENT NOTICE OF PRIVACY PRACTICES

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.

PROTECTING YOUR PRIVACY

Weekend Vasectomy Clinic (WVC) understands the importance and sensitivity of your health information. We protect the privacy of your health information because it is the right thing to do. We also follow federal and state laws that govern your health information. We use your health information (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information.

YOUR HEALTH INFORMATION RIGHTS

You may:

- Inspect and obtain a copy of your medical or billing records (including an electronic copies), as allowed by law, usually within 30 days of your written request.
- Request and receive a paper copy of our current Notice of Privacy Practices.
- Require us to communicate with you using an alternate address or phone number.
- Require that we not send information about a healthcare service or related item to your health plan if you or someone else pays in full for that service or item and if you notify us in advance that you — and not your health plan — are going to pay for this service or item (so we don't automatically bill your health plan).
- Request in writing that restrictions be placed on how your health information is used or shared for treatment or other purposes.
- Request an accounting of when your identifiable health information is shared outside of WVC for a purpose other than treatment or payment.
- Receive notice if we or our business associates have breached the confidentiality of your health information.
- Report a privacy concern and be assured that we will investigate your concern thoroughly, support you appropriately, and not retaliate against you in any way. You may report any privacy concerns in writing to Weekend Vasectomy Clinic, PO Box 432, Kaysville UT 84037 or by email at Info@WeekendVasectomy.com, or to the Office for Civil Rights, U.S. Department of Health and Human Services.
- Request in writing that your health information be amended if you think there is an error.

HOW YOUR HEALTH INFORMATION IS USED

1. Common Uses of Health Information. When we care for you, we will gather your health information. The law allows us to use or share this health information to:
 - Understand and treat your health condition.
 - Bill for your healthcare services and receive payment for our services; for example, we share your health insurance information with other healthcare providers who treat you — like a medical specialist or a specialty laboratory — so they can bill for those services.
 - Improve our care. For example, we may contact you to understand what you thought of our care and to learn how to enhance our services to you.
 - For education and learning purposes for nurses, medical students and other authorized personnel.
 - For appointment reminders.
 - Improve our services to you by allowing companies with whom we contract, called “business associates,” to perform certain specialized work for us. The law requires these business associates to protect your health information and obey the same privacy laws that we do.
 - Perform limited health-data research, where the researcher keeps patient-identifiable information confidential.
 - Law enforcement, but only as authorized by law.
 - Investigate a crime against WVC or any of its patients.
2. Required Uses of Health Information. The law sometimes requires us to share information for specific purposes, with:
 - The Department of Health, to report communicable diseases, or for vital statistics.
 - Governmental inspectors, who, for example, make sure our facilities are safe.
 - Military command authorities or the Department of Veterans Affairs, when we treat patients who are in the military or are veterans.
 - The Secret Service or NSA, to protect the country or the President.
 - A medical device’s manufacturer, as required by the FDA.
 - Court officers or law enforcement, as required by law, in response to a court order or a valid subpoena.
 - Governmental authorities, to prevent serious threats to the public’s health or safety.
 - Governmental agencies and other affected parties, to report a breach of health-information privacy.
 - An employer, but only if the employer contracts with us to help the employer meet OSHA requirements about workplace and employee safety.
3. Uses According to Your Requests. Your preferences matter. If you let us know how you want us to disclose your information in the following situations, we will follow your directions. You decide:
 - If you want us to share any health or payment information related to your care with your family members or friends. Please let our employees know what you want us to share and complete the Patient Information Form found at <https://weekendvasectomy.com/forms/>.
 - Who we should contact in an emergency. If you are not able to tell us who to contact, we may ask the public authorities to help.

4. Uses of Health Information with Your Authorization. Any sharing of your health information, other than as explained above, requires your written authorization. For example, we will not use your health information unless you authorize us in writing to:

- Send copies of your health information to a life insurance company.
- Sell your identifiable health information.

If you authorize us to share your health information but then change your mind, please notify the WVC Privacy Officer at Info@WeekendVasectomy.com in writing that you revoke the authorization. We will honor your revocation, but we will not be able to get back the health information that you authorized us to send before your revocation.

IF YOU STILL HAVE QUESTIONS

Our staff is trained to help you with any questions you may have about the privacy of your health information. They can also address any privacy concerns you may have about your health information and help you fill out any forms that are needed to exercise your privacy rights. If you still have questions, please contact our Compliance Officer at 801 589-4033. This privacy notice became effective September 2013. We may change this privacy notice at any time. You can see our current privacy notice that affects all PHI maintained by WVC on our website, at <https://weekendvasectomy.com/patient-forms/>. You can also obtain a copy of this notice from any of our staff by asking for a copy, by visiting our website, or by calling our Privacy Office at 801 589-4033.

This notice describes the privacy practices of the Weekend Vasectomy Clinic employees working in our doctors' offices and all are required to abide by the terms of this notice. This notice also describes the privacy practices of associated healthcare providers — who are not WVC employees — while treating you in our partnered locations unless they provide you with a notice of their own privacy practices. For more information about the specific privacy practices of partnered locations, please contact them directly.

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