

Notice of Privacy Practices

Effective February 2026

This Notice explains how we may use or share your Medical Information. It also tells how you can get your Medical Information. Please read it carefully. Ask us if you have any questions or call the Privacy Office at (615) 936-3594.

Why we keep your Medical Information

We keep this to help care for you and because the law requires us to. The law also says we must:

- protect your Medical Information
- give you this Notice
- follow what the Notice says.

What the words we use mean

- “Notice” means this Notice of Privacy Practices.
- “VUMC” means Vanderbilt University Medical Center, its staff, and any affiliated organizations covered by the Notice, which are listed at the end.
- “We,” “our,” or “us” means one or more VUMC organizations, providers, or staff.
- “You” means the patient that the Medical Information is about.

- “Medical Information” means all the paper and electronic records related to a patient’s physical and mental health care—past, present, or future. These records tell who the patient is (individually identifiable) and may include information about billing and payment. Medical Information does not include information that is not identifiable to any individual in accordance with federal privacy law.
- “Use” means sharing or using Medical Information within VUMC.
- “Share” means giving Medical Information, or access to Medical Information, to someone outside VUMC.

How we may use and share your Medical Information

We use electronic record systems to manage your care. These systems have safeguards to protect the Medical Information in them. We also have policies and training that limit the use of Medical Information to those who need it to do their job.

Hospitals, clinics, doctors and other caregivers, programs, and services not employed by or part of VUMC may share Medical Information about you without your consent so that we may provide you the best possible care. Here are some examples.

(continued)

For health information exchanges (HIEs)

We will send your Medical Information to any of the Health Information Exchanges (HIEs) that VUMC participates in. A Health Information Exchange (HIE) is a secure electronic system that helps health care providers and entities such as health plans and insurers manage care and treat patients. We send your Medical Information to the Epic Care Everywhere HIE, and other HIEs we choose to participate in so that Medical Information about your past medical care and current medical conditions and medicines is available to us and to non-VUMC health care providers who participate in the HIE. If you have questions or would like to ask if you can opt out of any of the HIEs, contact the Privacy Office at (615) 936-3594.

For treatment

We may use and share your Medical Information to treat you. For example, a provider treating you for a broken leg will need to know if you have diabetes because diabetes can slow healing. The provider may need to tell food services you have diabetes so they can make the right meals for you.

We may share your Medical Information so you can get:

- medicine, medical equipment, or other things you need for your health care
- lab tests, x-rays, transportation, home care, nursing care, rehab, or other health care services.

We may also share your Medical Information to plan for your care after you leave VUMC.

For billing and payment

We may use and share your Medical Information so we and others who provide services to you can bill and collect payment for these services. For example, we may share it with your health plan:

- so your health plan will pay for care you get at VUMC
- so your health plan can provide approval before a procedure is done, if necessary
- so your health plan can make sure they pay the right amount to VUMC.

We may also share your Medical Information with a collection agency if a bill is overdue.

For health care operations

We may use and share your Medical Information for business reasons. We call this health care operations. When we do this, we may take out information that identifies who you are.

Some business reasons we may use or share your Medical Information are:

- to follow laws and regulations
- to train and educate
- for credentialing, licensure, certification, and accreditation
- to improve how we provide care and services, which includes measuring our performance, assessing outcomes, and developing and monitoring medical protocols
- to coordinate your care, offer preventive health care, disease and case management services
- to budget and plan
- to support pharmacy programs and payments
- to do an audit
- to develop, maintain, or improve our electronic systems, applications, and other software

- to evaluate our staff
- to decide if we should offer more services
- to find out how satisfied our patients are
- to answer questions or complaints.

For organized health care arrangements

We may also allow access to your Medical Information to those health care providers and their authorized representatives that are members of an organized health care arrangement with VUMC. The members of such an arrangement are operationally or clinically integrated and may participate jointly in utilization review, quality assessment and improvement, or payment activities. Anyone we share your Medical Information with to do these tasks on behalf of or in partnership with us must also protect and restrict the use of your Medical Information.

To contact you about appointments, insurance, and other matters

We may use your Medical Information to contact you by mail, phone, text, or email to:

- remind you about an appointment
- register you for a procedure
- give you test results
- ask about insurance, billing, or payment
- follow up on your care
- ask you how well we cared for you
- invite you to take part in research.

We may leave voice messages at the phone number you give us. If you choose to have us contact you by text, texting charges may apply.

To tell you about treatment options or health-related products and services

We may use or share your Medical Information to let you know about treatment options or other health-related products or services that may be helpful to you.

Use of unsecure electronic communications

If you choose to contact us or any of your VUMC health care providers by unsecure electronic communications, like email or text message, we will respond to you in the same way we get your message. If you provide your email address or cell phone number to your health care team, we may send you appointment reminders, surveys, or other information by email or text. These messages may not be encrypted.

There are certain risks if you use unsecure electronic communications. They include:

- intercepted messages
- misaddressed or misdirected messages
- shared accounts
- messages forwarded to others
- messages stored on unsecure or portable electronic devices.

If you choose to contact us by unsecure means, you acknowledge and agree to accept these risks.

The use of email or other electronic communications does not take the place of professional medical advice, diagnosis, or treatment. And you should never use email or text in a medical emergency.

To share with business associates

We may share your Medical Information with companies we hire to perform certain services for VUMC. We require these business associates to properly protect your Medical Information.

To create de-identified information

We may use and share your Medical Information to create information that doesn't reveal who you are (de-identified information) as federal privacy law allows. We may also share your Medical Information with a business associate to create de-identified information, which we or others may use. We may use or share this information for any lawful purpose. This includes, but is not limited to, commercial purposes without your permission and may allow third parties to do the same.

To create limited data sets

We may use your Medical Information to create a limited data set which removes most but not all identifying information. We may also share your Medical Information with a business associate to create a limited data set, which we or others may use. We'll limit our use and sharing of limited data sets only for the purposes of research, public health, or health care operations. Any person who gets the limited data set signs an agreement to protect it.

For fundraising

We may use your name, address, phone number, the dates and places you get services at VUMC, and the names of your providers to contact you to raise money for VUMC. You have the right to ask us not to contact you for fundraising. If we contact you, we'll tell you how to stop future contact if you wish.

For the hospital directory

If you're a patient in a VUMC hospital, your name, where you're in the hospital, your general condition (such as "fair" or "stable"), and your religion will be in the patient directory. This helps family, friends, and clergy visit you and learn your condition. Except for your religion, we'll share this Medical Information with visitors or people who call and ask for you by name. Unless you tell us not to, we may share your religion with a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

If you ask us to remove your name from the directory, we will not share your Medical Information with visitors or callers, even if they ask for you by name.

To inform family members and friends who help take care of you or pay for your care

We may share your Medical Information with family members and friends who help take care of you or pay for your care. Whenever possible, we'll let you tell us who these family and friends are. However, in emergencies or other situations in which you're not able to tell us who to share your Medical Information with, we'll use our best judgment and share only what others need to know. We may also share your Medical Information with a public or private agency during a disaster so the agency can help contact your family or friends to tell them where you are and how you're doing.

For research

We may use and share your Medical Information for the research we do to develop new knowledge and improve public health. For example, a research project may compare the health and recovery of patients who get one medicine for an illness to those who get a different medicine for the same illness.

We may contact you to invite you to take part in the research. We use and share your Medical Information for research only as federal and state laws allow. We approve each research project through a special process that balances the research needs with the interests of the patient. In most cases, if the research involves your care, we'll explain how we'll use and share your Medical Information and ask for your consent.

We may access your Medical Information to design the research project and provide the information we need for approval through this special process. Medical Information we use to prepare a research project does not leave VUMC.

If you have questions about research at VUMC, call (615) 322-7343.

To stop a serious threat

We may share your Medical Information to stop a serious and urgent threat to the health and safety of you or someone else. For example, we may file a police report about a threat to harm you or another person.

For organ, eye, and tissue donation

We share Medical Information about organ, eye, and tissue donors and about the patients who need them with those who get, store, and transplant the organs, eyes, and tissues.

With military authorities

If you're a member or veteran of the armed forces, we may share your Medical Information with the military as the law allows or requires. We may also share Medical Information about foreign military personnel to the proper foreign military authority.

For workers' compensation

We may share your Medical Information with those who need it for work-related injuries or illness benefits.

For health oversight and public health reporting

We may share your Medical Information for audits, investigations, inspections, and licensing with agencies that oversee health organizations.

We may also share your Medical Information in reports to public health agencies to:

- prevent or control disease and injuries
- report certain kinds of events, such as births and deaths
- report abuse or neglect of children, elders, or dependent adults
- report reactions to medicines or problems with medical products
- tell people about recalls of medical products they may use
- let someone know they may have been exposed to a disease or may spread a disease
- let the authorities know if we believe a patient is the victim of abuse, neglect, or domestic violence.

For lawsuits and disputes

We may share your Medical Information if a court order, subpoena, discovery request, warrant, summons, or other lawful instructions of a court or public body tell us to for a legal or administrative proceeding.

With law enforcement and other officials

We may share your Medical Information with a law enforcement official as the law allows or requires:

- in response to a court order, subpoena, warrant, summons, civil investigative demand (CID), or similar process
- to identify or find a suspect, fugitive, material witness, or missing person
- if we think you're a victim of a crime (we usually do this with your permission)
- because of a death we believe may have been caused by a crime
- because of criminal conduct at the hospital
- in an emergency: to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime
- if you're under the custody of the police or other law enforcement official.

We may also share your Medical Information with:

- coroners, medical examiners, and funeral directors, so they can carry out their duties
- federal officials for national security and intelligence activities
- federal officials who provide protective services for the President and others, such as foreign heads of state, or to conduct special investigations
- a correctional institution if you're an inmate
- a school to confirm you're immunized.

Other uses of your Medical Information

We will not use or share your Medical Information for reasons other than those in this Notice unless you agree to this in writing. For example, you may want us to give your Medical Information to your employer. We'll do this only with your written approval. We will not sell your Medical Information, use it for marketing, or share psychotherapy notes without your written approval. You may cancel the approval in writing at any time, but we cannot take back any Medical Information that has already been shared with your approval.

Your rights regarding your Medical Information

The records we create and maintain using your Medical Information belong to VUMC, but you have the following rights:

Right to review and get a copy of your Medical Information

You have the right to look at and get a copy of your Medical Information, including billing records. You may make your request in writing to Health Information Management at the address at the end of this Notice or you may go to:

VanderbiltHealth.com/Information/Medical-Record-Information.

We may charge a fee to cover costs and supplies. In rare cases, we may deny your request for certain information. If we deny your request, we'll give you the reason why in writing. In some cases, you may ask for a licensed health care professional chosen by VUMC to review the denial.

Right to ask for a change in your Medical Information

If you think our Medical Information about you is not correct or complete, you may ask us to correct your record by writing to the Privacy Office at the address at the end of this Notice. Your written request must say why you're asking for the correction. We'll respond to your request within 60 days.

If we agree, we'll tell you and correct your record. We cannot take anything out of the record. We can only add new information to complete or correct the existing Medical Information. With your help, we'll notify others who have the incorrect or incomplete Medical Information.

If we deny your request, we'll tell you why in writing. You'll then have the right to submit a written statement of 250 words or less that tells what you believe is not correct or is missing. We'll add your written statement to your records and include it whenever we share the part of your medical record that your written statement relates to.

Right to ask for a list of when we share your Medical Information

You have the right to ask for a list of when we share your Medical Information without your written consent. This list does NOT include sharing:

- for treatment, payment, or business reasons
- with you or someone you authorize
- with those who ask for your information in the hospital directory
- with family members or friends who help take care of you
- as part of a limited data set with direct identifiers removed
- in other instances where the law does not require or permit listing the sharing.

You must request this list in writing from the Privacy Office at the address at the end of this Notice. Your request must state the time period for which you want the list. The time period may not be longer than 6 years from the date of your request. The first list you ask for within a 12-month period will be free. We may charge a fee if you ask for another list in that same 12-month period.

Right to know of a breach

You have a right to know if your Medical Information has been breached (not treated according to privacy laws). We'll follow what privacy laws require to let you know if your Medical Information has been shared in error.

Right to ask for limits on the use and sharing of your Medical Information

You have the right to ask that we limit the use or sharing of your Medical Information for treatment, payment, or business reasons. You also have the right to ask us to limit the Medical Information we share about you with someone who helps take care of you or pays for your care, such as a family member or friend. For example, you may ask that we not share Medical Information about a surgery you had. Except for the sharing of Medical Information with health plans described in the next section, we reserve the right to accept or reject your request.

Usually, we do not accept limits for treatment, payment, or business reasons. We cannot limit disclosure if we receive a valid court order, subpoena, warrant, summons, or CID. We'll let you know if we don't agree to your request. If we do agree, the agreement must be in writing, and we'll follow your request unless we need the Medical Information to treat you in an emergency. We can end a limit if we tell you. If we end a limit, only Medical Information that was created or received after we notify you will be affected.

You must make your request to limit the use and sharing of your Medical Information in writing to the Privacy Office at the address at the end of this Notice. In your request, you must tell us:

- what information you want to limit
- whether you want to limit our use or sharing of the information, or both, and
- to whom you want the limits to apply.

Right to limit sharing of Medical Information with health plans

If you pay in full for your services, you have the right to limit the Medical Information we share with your health plan or insurer. To do this, you must ask before you receive services. Let us know you want to limit sharing with your health plan when you schedule your appointment.

We may share Medical Information such as information to pre-authorize your insurance before we get payment in full. Also, because we have a medical record system that combines all your records, we can limit the sharing of Medical Information only for an episode of care (services given during a single visit to the clinic or hospital). If you wish to limit information beyond an episode of care, you'll have to pay in full for each future visit as well.

Right to ask for confidential communications

You have the right to ask us to communicate with you in a certain way or at a certain place. For example, you may ask that we contact you only at work or only using a post office box. You must make your request in writing to the Privacy Office at the address at the end of this Notice. You do not need to tell us the reason for your request. Your request must say how or where you want us to contact you. You must also tell us the address to send your bills for payment. We'll accept all reasonable requests. However, if we're not able to contact you using the ways or locations you request, we may contact you using any information we have.

Substance use disorder treatment information

If we create, receive, or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (“a Part 2 Program”), these records receive additional privacy protection in addition to HIPAA. We may share your Part 2 Program records:

- if the law requires us to do so (examples include court orders or medical emergencies)
- if we receive your written consent to use and share your information for purposes of treatment, payment, or health care operations as described in this notice and permitted by law.

We may only use or share your Part 2 Program records in a civil, administrative, criminal, or legislative proceeding against you with a court order or similar legal mandate compelling the disclosure or with your written consent.

Right to get a paper copy of this Notice

You have the right to get a paper copy of this Notice, even if you agree to get it electronically. You may get a copy:

- at any of our facilities
- at VanderbiltHealth.com
- by contacting the Privacy Office at the number at the end of this Notice.

Changes to this Notice

We have the right to change this Notice at any time. Any change could apply to Medical Information we already have about you, as well as Medical Information we get in the future. The effective date of this Notice is on the first page of the Notice. A copy of the current Notice is posted throughout VUMC and at VanderbiltHealth.com.

How to ask a question or report a complaint

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, contact the Privacy Office at (615) 936-3594. If you believe your privacy rights have been violated, you may file a complaint with the VUMC Privacy Office at the address at the end of this Notice. You may also file a complaint with VUMC Patient Relations or the Office of Civil Rights at the addresses at the end of this Notice. We will not treat you differently for filing a complaint.

VUMC operations and affiliates that will follow the rules of this Notice

- Vanderbilt University Hospital
- Vanderbilt Psychiatric Hospital
- Vanderbilt Wilson County Hospital (VWCH)
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Vanderbilt Medical Group
- VUMC clinics and practices (a detailed list is available on request)
- VUMC Outpatient Pharmacies
- Members of the VUMC medical staff while practicing at VUMC
- Members of the VWCH medical staff while practicing at VWCH
- Members of the Vanderbilt School of Medicine when covered functions involve the use or disclosure of protected health information
- Members of the Vanderbilt School of Nursing when covered functions involve the use or disclosure of protected health information
- VUMC Administration when covered functions involve the use or disclosure of protected health information
- Other designated health care components of VUMC

Vanderbilt health services affiliated covered entities

- Vanderbilt Imaging Services Cool Springs
- Vanderbilt Ingram Cancer Center Clarksville
- Vanderbilt Imaging Services One Hundred Oaks
- Vanderbilt Health Clinics
- Vanderbilt Bedford Hospital (VBCH)
- VBCH clinics and practices (a detailed list is available on request)
- Vanderbilt Clarksville Hospital (VCH)
- VCH clinics and practices (a detailed list is available on request)
- Vanderbilt Tullahoma-Harton Hospital (VTHH)
- VTHH clinics and practices (a detailed list is available on request)
- Vanderbilt Health and Williamson Medical Center Clinics and Services
- Vanderbilt Health Pharmacy Group
- Vanderbilt Home Care Services
- Various locations of Vanderbilt Imaging Services (VIS)
- Vanderbilt Integrated Providers (VIP)
- Vanderbilt-Maury Radiation Oncology
- VIP MidSouth

Organized health care arrangements

- Vanderbilt Health Affiliated Network (VHAN)
- VBCH Medical Staff
- VCH Medical Staff
- VTHH Medical Staff
- VUMC Medical Staff
- VWCH Medical Staff

This list may be updated from time to time. For a current list, contact the VUMC Privacy Office.

How to contact us

VUMC Privacy Office

3841 Green Hills Village Drive, Suite 200
Nashville, TN 37215
(615) 936-3594
vumcprivacyoffice@vumc.org

Vanderbilt Bedford Hospital

Health Information Management
2835 Highway 231 North
Shelbyville, TN 37160
(931) 685-8423

Vanderbilt Clarksville Hospital

Health Information Management
651 Dunlop Lane
Clarksville, TN 37040
(931) 502-1000

Vanderbilt Tullahoma-Harton Hospital

Health Information Management
1801 N. Jackson Street
Tullahoma, TN 37388
(931) 393-7991

Vanderbilt Wilson County Hospital

Medical Information Services
1411 Baddour Pkwy
Lebanon, TN 37087
(615) 444-8262

VUMC Health Information Management

3841 Green Hills Village Drive, Suite 200
Nashville, TN 37215
(615) 322-2062

VUMC Patient Relations

1817 The Vanderbilt Clinic
Nashville, TN 37232-5612
(615) 322-6154

Office for Civil Rights, Region IV, DHHS

Atlanta Federal Center
61 Forsyth Street SW, Suite 3B70
Atlanta, GA 30323