NOTICE OF PRIVACY PRACTICES

Effective July 7, 2026

Your Information. Your Rights. Our Responsibilities.

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. You have the right to receive a copy of this notice, free of charge, and to discuss the contents with our on-site Privacy Officer.

Dave Harberts, Vice President, Compliance & Accreditation (Privacy Officer)
Phone **877.474.3227** | Fax **877.474.3227** | Email **vgmprivacyofficer@vgm.com**

OCR NOTICE OF NONDISCRIMINATION

SOURCE: HHS Office for Civil Rights

VGM Group, Inc.

Complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, age, sex, sexual identity, gender identity or expression, pregnancy, genetic information, military or veteran status, or any other characteristic protected by federal, state, or local laws.

Partners with YOUR insurance company to provide local medical services.

Regular Business Hours: 8:00 a.m. - 5:00 p.m., CT, Monday - Friday, Toll-free 800-482-1993, TTY (hearing impaired) 844-446-7393
After Hours, Weekends, and Holidays: Contact 800-482-1993, TTY (hearing impaired) 844-446-7393

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

You may register a complaint or direct questions via telephone, fax, mail, or email regarding your privacy to:

Phone **877.474.3227** | *Fax* **877.474.3227** | *Email* **vgmprivacyofficer@vgm.com**
Accreditation Commission for Health Care (ACHC) **855.937.2242**

VGM Group, Inc.
Attention: Corporate Security and Compliance
1111 Van Miller Way
Waterloo, IA 50701

www.vgmgroup.com

VGM GROUP, INC. SCOPE OF SERVICE

VGM Group, Inc.'s nationwide network of providers covers the many needs of patients in the home. From durable medical equipment, orthotics, and prosthetics, to medical supplies, our patient care coordinators will connect you with products and services supplied by providers in and outside of the network.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to get an electronic or paper copy of your medical record and other health information we have about you. You can also inspect your medical record and other health information we have about you in person and take notes or photographs. Ask us how to do this.
- We will provide a copy or a summary of your health information, free of charge, within fifteen (15) calendar days of your request. You also have the right to obtain or direct copies of your medical record and other health information we have about you to a third party when a summary of health information is offered instead of a electronic or paper copy.
- You have the right to request that your health information be transferred to a personal health application.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within sixty (60) days.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone, text message, fax, or email) or to send mail to a different address.
- We will say "yes" to all reasonable requests.
- You may opt-in to receiving SMS text message reminders about your upcoming appointments and updates on your health information. You have the option to decline or opt-out of these types of SMS text messages at any time by contacting us.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly and free of charge.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can file a complaint if you feel we have violated your rights by contacting us using the information provided above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a facility directory - *If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you:

- We can use your health information and share it with other professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization:

- We can use and share your health information to run our organization, improve your care, and contact you when necessary. *Example: We use health information about you to coordinate your treatment and services.*

Bill for your services:

- We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues:

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Averting a threat to health or safety when harm is seriously and reasonably foreseeable
  - Public health emergencies

Do research:

- We can use or share your information for health research.

Comply with the law:

- We will share information about you if state or federal laws require it including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests:

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests:

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Artificial Intelligence:

- We use Artificial Intelligence (AI) tools for several purposes including, but not limited to, support of billing accuracy and efficiency and to improve efficiency of patient care coordination. We do not use AI tools to make automated decisions about individual patients without human intervention and oversight. Our AI use is governed by internal policies that prioritize transparency, fairness, bias detection, and protection of patient rights. Our use of AI is also in compliance with applicable state and federal privacy and security laws and regulations.

VGM Group, Inc. does not maintain any psychotherapy notes. VGM Group, Inc. will never share any substance abuse treatment records without your permission.

Effective 07/07/2026

By signing this form, I am verifying I have received:

- Notice of Privacy Practices
- Patient Bill of Rights and Responsibilities
- Medicare Supplier Standards
- Home Safety Guidelines
- Emergency Preparedness Information
- Infection control tips and use and care product information
- VGM Group, Inc. Scope of Service

By signing this form, I confirm that I have received instructions for the use of the product(s) received and understand the use and care of the product(s). I am also consenting to services and release of information to bill my insurance.

Utilizing VGM Group, Inc. to coordinate your medical equipment and services enrolls you into VGM Group, Inc.'s auto communication program, which may include robo calls. You may choose to opt out of the auto contacts at any time by contacting VGM Group, Inc.

Thank you in advance for returning this **signed and dated** form in the mail.

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Signature

_____

Parent or Guardian Signature

_____

Please Print

_____

Date