

**NOTICE OF PRIVACY PRACTICE  
NORTH RALEIGH MEDICAL CENTER  
11009 INGLESIDE PLACE, SUITE 201., RALEIGH  
NC 27617  
PHONE: 919-844-4344 FAX: 919-844-3244**

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**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.**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose your health information for treatment purposes are: setting up an appointment for you; examining you; prescribing medications and faxing them to the appropriate pharmacy to be filled.; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you have previously seen. Examples of how we use or disclose your health information for payment purposes are: asking you about your health care plan(s) or other sources of payment; preparing and sending or billing claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participating in managing care plans; defense or legal matters; business planning; and outside storage of records.

We routinely use your health information inside our office for those purposes without any obligated request of permission. If we need to disclose your health information outside of our office for these reasons, we are not obligated to ask permission.

We may ask for written permission in the following situations: forwarding any records to another facility by the facility or patient's request.

**USES AND DISCLOSURE FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations apply to us. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose
- For public health purposes, such as contagious/infectious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices
- Disclosures to governmental authorities about victims or suspected abuse, neglect or domestic violence
- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violators of health care laws
- Disclosures for law enforcement purposes, such as to provide information about someone who is or suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else
- Disclosure to a medical examiner to identify someone deceased or to determine the cause of demise; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations
- Uses or disclosure for health related research
- Uses or disclosures to prevent a serious threat to health or safety
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign services.
- Disclosure of de-identified information
- Disclosures related to worker's compensation programs
- Disclosures of a "limited data set" for research, public health, or health care operations
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

**APPOINTMENT REMINDERS**

We may call to remind you of scheduled appointments, or that it is time to make a routine appointment.

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**OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign an authorization form. The content of an authorization form is determined by federal law. We may initiate the authorization process if the use or disclosure is assumed by our practice. You have the right to sign an authorization request for our office to prepare records for yourself or another facility. If we request that an authorization form is signed you have the right to refuse from signing, this will enable our practice from receiving records. If you sign any authorization forms you may, at any time, revoke the authorization. Revocations must be in writing.

**YOUR RIGHTS REGARDING YOUR HEALTH**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to this, but if we agree, we must honor the restrictions that you requested. To request a restriction you must submit a request in writing to the office contact person at the address on this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at an alternate number rather than the main contact number, mailing your health information to a requested address rather than an address on your chart. We will accommodate your requests if within reason; there may be a fee for these services.
- Ask to see or request copies of your medical records. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site) You may be obligated to pay your fee for the medical records in advance. If your request for medical records is denied, we will send a written explanation and instructions on how to get an impartial review of our denial if one is legally available. If deemed necessary, by law we are entitled to a 30 day extension if a notice of extension has been made to the recipient.
- Ask us to amend your health information if you think that the information is incorrect or incomplete. If we agree we will amend the information within 60 days from the request. The request needs to be made in writing. It is our obligation to send corrected information to all persons that have been authorized to receive medical records. If we do not agree, you may write a statement of your position in which will be attached to your medical records along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in you health information we will send it along with any medical records that may be requested.
- Get a list of disclosures that we have made of your health information within the past six years. By law, the list will not include any disclosures for purposes of treatment, payment or healthcare operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one list per year without encountering a fee.
- Get additional copies of this Notice of Privacy Practices upon request or an updated version if one has been made.

**OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices or an updated version if made. We reserve the right to change this notice at any time as allowed by law. If there are changes made to this Notice, they will be applied to any and all of your health information. If a change is made to this Notice it will be documented and/or posted.

**COMPLAINTS**

If you are concerned that we have not properly protected your health information, you are entitled to write a written complaint to our office or to notify the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint.

**FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit the North Raleigh Medical Center HIPAA Compliance Officer at the address or phone number shown on the top of the Notice.