

**Triangle Gastroenterology
2600 Atlantic Avenue #100
Raleigh, NC 27604**

Notice of Privacy Practice

This notice describes how medical information about you may be used and discloses to you how you can get access to this information. Please review it carefully.

This notice takes effect on January 1, 2005 and remains in effect until this notice is replaced.

I. Our Pledge Regarding Medical Information:

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and service you receive at our organization. We need this record to provide you with quality care and comply with certain legal requirements. This notice tells you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

II. Our Legal Duty:

Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices and your rights regarding your medical information.
3. Follow the terms of this current notice.

We have the right to:

1. Change our privacy practices and terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practice:

1. Before we make an important change in our privacy practices we will change this notice and make the new notice available.

III. Use and Disclosure of your Medical Information:

The following are ways that we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at anytime by writing us at the address provided at the end of this notice.

- Regarding Treatment
- Payment Issues
- Healthcare Operations
- Facility Directory
- Notification
- Funeral Director, Coroner, Medical Examiner

- Court Orders, Judicial and Administrative Proceedings
- Public Health Activities
- Victims of Abuse, Neglect or Domestic Violence
- Workers Compensation
- Health Oversight Activities
- Law Enforcement
- Appointment Reminders
- Alternative and Additional Medical Services
- Research in Limited Circumstances

IV. Your Individual Rights:

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. If you request copies, we reserve the right to collect a fee. Feel free to contact us using the information at the end of this notice for a full explanation of our fee structure.
2. Receive a list of all the times our business associated, or we shared your medical information for purposes other than treatment, payment and healthcare operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or different locations. Your request must be made in writing to the contact person at the end of this notice.
5. Request that we change certain parts of your medical information. We may deny any request if we did not create the information you wanted to change or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change this information, we will make a reasonable effort to tell others including people you name of the change, and to include the changes in any future sharing of that information.
6. If you have received this notice electronically and wish to receive a paper copy, simply contact the office at the number listed below.

V. Questions and Complaints

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services.

Practice Administrator
Triangle Gastroenterology
2600 Atlantic Avenue, #100
Raleigh, NC 27604
919-881-9999

We thank you for your business and trust. We will not retaliate in any way if you choose to file a complaint.