

Notice of Privacy Practices

Triangle Gastroenterology- Organized Health Care Arrangement

We are committed to protecting the privacy of your protected health information. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

This Notice of Our Privacy Practices (this “Notice”) Explains:

- How we may use and disclose your health information while providing treatment and services to you.
- What rights do you have with respect to your health information? These include the right:
 - To inspect and obtain a copy of your health information.
 - To request that we amend your health information in our records.
 - To receive an accounting of certain disclosures we have made to your health information.
 - To request that we restrict the use and disclosure of your health information.
 - To receive a paper copy of this Notice.

How to file a complaint if you believe your privacy rights have been violated.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call 919-881-9999.

Our Pledge Regarding Health Information:

We are committed to protecting the privacy of “protected health information” about you, as that term is defined in the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). With certain limited exceptions, protected health information is generally defined as information that identifies an individual or that reasonably can be used to identify an individual, and that relates to the individual’s past, present, or future health or condition, healthcare provided to the individual, or the past, present or future payment for healthcare provided to the individual. For simplicity, we will refer to protected health information simply as “health information” in this Notice. TGI Entities may share health information with other TGI Entities about treatment, payment and health care operations of TGI. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when and why we used and/or disclosed your health information.
- We will comply with the provisions of this Notice and only use and/or disclose your health information as described in this Notice.
- We will provide notice of a TGI breach of unsecured health.

Who Will Follow this Notice?

- This Notice applies to the facilities, providers and workforce members of the TGI Entities, including:

- Any health care professional authorized to enter health information into your TGI medical record.
- All departments and units of the TGI.
- All employees, staff, volunteers and other TGI personnel.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we may use and disclose your health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose health information will fall within at least one of the following categories.

For Treatment: We may use your information to provide, coordinate or manage your healthcare treatment and related services. This may include communication with other health care providers regarding your treatment and coordinating and managing your healthcare with others. For example, a doctor treating you may need to know if you have IBS or Hepatitis because these may affect the treatment or healing process .

For Payment: We may use and disclose your health information to bill and collect payment for treatment and services provided to you by TGI. We may also disclose your health information to other providers so they may bill and collect payment for treatment and services they provide to you. Before you receive scheduled services, we may share health information about these services with your health plan(s) to obtain prior approval or to determine whether your insurance will the treatment. We may also share your health information with billing and collection departments, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumers reporting agencies(e.g. credit bureaus). For example, if you broke your leg, we may need to give your health plan(s) health information about your condition, supplies used (medications or crutches) and services you received. This health information is given to our billing agency and your health plan so we can be paid, or you can be reimbursed.

For Health Care Operations: We may use and disclose your health information to conduct activities that are called healthcare operations that allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosers for healthcare operations include the following.

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Combining health information of many patients to identify new services or improve care to the communities we serve.
- Evaluating the skills qualifications and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non- healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of care we provide. These organizations might include government agencies or accrediting agencies or accrediting bodies like the Department of Health and Human Resources and the Accreditation Association of Ambulatory Healthcare, Inc.
- Assisting various people who review our activities, Health information may be seen by doctors reviewing services provided to you, and by accountants, lawyers and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organizations and services we provide.

- Resolving grievances within our organization.
- Complying with this Notice and with applicable laws.

Contacting You: We may use and disclose health information to contact you about appointments, prescription reminders, clinical instructions, surveys, billing, or general communications. We may contact you by mail, telephone, email, or text message when you provide your address, telephone number, email address, or mobile phone number. There is a risk that someone else could read or access unencrypted emails or text messages. If you do not wish to receive these types of text or email messages, please contact us at loril@trianglelegi.com

Treatment Alternatives: We may use and disclose your information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

Electronic Health Information Exchange(HIE) and other de-identified data partnerships.

We may participate in certain HIEs that permit health care providers or other health care entities, such as your health plan or health insurer, to share your health information for treatment, payment and other purposes permitted by law, including those described in the Notice. We currently participate in the HIEs listed here.

- **HealthConnex.** You may request to opt out by submitting the form downloaded directly from <https://hiea.nc.gov/patients/your-choices>. Your opt out will not affect our obligation to disclose your health information to HealthConnex when you receive services that are paid for by Medicaid.
- **Business Associates.** There are some services provided in our organization through our business associates. When we hire people to provide services, we may disclose your health information to these companies so that they can perform the job that we have asked them to perform. To protect your health information however, we require the business associate to appropriately safeguard your health information.

Individuals involved in Your Care or Payment for Your Care: We may share with a family member, relative, friend, or other person identified by you, health information that is directly relevant to that person's involvement in your care or payment for your care. We may use or disclose health information to notify a family member, personal representative, or other person responsible for your care of your location, general condition or death. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family, personal representative or others responsible for your care can be notified about your location, general condition or death. If you do not want health information about you used or disclosed in the above circumstances, please call 919-881-9999.

Special Situations: We may use and/or disclose health information about you for several circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

As Required by Law: We will disclose your health information when required to do so by federal, state, and local law or other judicial or administrative proceedings. For example, we may disclose your health information in response to an order of a court or administrative tribunal.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.
- **Public Health Risks:** We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability.
 - To report deaths.
 - To notify the appropriate government authority if we believe an adult patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - To report reactions to medications or problems with products
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
 - To support public health surveillance and combat bioterrorism.
 - To notify people of recalls of products they may be using.

Lawsuits and Disputes: During any judicial or administrative proceedings, we may disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

Specialized Government Functions: We may disclose health information about you if it relates to military and veteran's activities, national security and intelligence activities, protective services for the President, and medical suitability determination of the Department of State.

Other Uses and Disclosures of Health Information:

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example, for the following purposes:

- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your health information except certain purposes permitted under the regulations.

North Carolina Law: In the event that North Carolina Law requires us to give more protection to your health information than stated in the Notice or required by federal law, we will give that additional protection to your health information. We will comply with additional state law confidentiality protections relating to treatment. In accordance with federal law, generally we will obtain your written consent before we disclose health information that would identify you as a patient. There are exceptions to this general requirement, for example we may disclose health information to our workforce as needed

to coordinate your care, to agencies, or individuals who carry out our responsibilities in serving you, and to health care providers in an emergency.

Your Rights Regarding Your Protected Health Information:

You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please call 919-881-9999

For on how to submit your written request. If you request a copy of your health information, we may charge you a fee for the cost of copying, mailing, or other supplies associated with your request. We will respond to you within 30 days of receiving your request. Under certain circumstances, we may deny your request in writing, describing the reasons for denial and your right to request a review of our denial.

Right to Amend: You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reasons for the amendment. We may deny your request if.

- Health information that was not created by TGI unless you provide a reasonable basis for us to believe that the originator of the health information is no longer available to make amendment.
- Health information that is not part of the health information used to make decisions about you.
- We believe the health information is correct and complete
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasoning for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the health information, we will make reasonable efforts to inform others of the amendment, including persons you named that have received your health information. Please call 919-881-9999 to obtain the appropriate form to request an amendment to your record.

Right to an Accounting of Disclosures: You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosure made, up to six(6) years before your request. We are required to provide a listing of all disclosures, except the following.

- For treatment, payment, or health care operations purposes.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Made as part of a limited data set which does not contain health information which would identify you.
- Made for national security or intelligence purposes.

The list will include the date of disclosure, the name(and address, if available) of the person or organization receiving the health information, a brief description of the health information disclosed, and the purpose of the disclosure. To request this information, you must submit your request on the appropriate TGI form, which can be obtained by contacting TGI at 919-881-9999.

Right to Request Restrictions: You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will

honor your request to not disclose to your health plan if the disclosure is for payment or healthcare operations purposes (and is not otherwise required by law) and the health information pertains solely to items or services for which you have paid out of pocket in full. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization. You may request a restriction by submitting the appropriate TGI form, which can be obtained by calling 919-881-9999.

Right to Request Confidential Communication (Alternative Ways): You have the right to request confidential communication, i.e. how and where we contact you , about your health information. For example, you may request that we contact you at your workplace or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on you providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative means of communications by submitting the application TGI form, which can be obtained by calling 919-881-9999.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice upon request. We will make available a copy of this Notice to you no later than the date you first receive service from us except for emergency services, in which case we will provide the Notice to you as soon as practicable. You may also obtain a copy of this Notice at any time by calling 919-881-9999.

Contact For Questions and Complaints

If you have any questions regarding this Notice, our privacy policies, or if you believe your privacy rights have been violated or wish to file a complaint about our privacy practices, you may contact:

Practice Administrator

Triangle Gastroenterology

2600 Atlantic Avenue, suite 100

Raleigh, NC 27604

919-881-9999