Albemarle Gastroenterology Associates, PC
NOTICE OF PRIVACY PRACTICES Effective: 9/23/2013
**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**

If you have any questions about this notice, please contact the office's at Privacy Officer: Dawn Mathews, (252) 335-5588

**WHO WILL FOLLOW THIS NOTICE**: This notice describes the practices of: Albemarle Gastroenterology Associates, PC and any health care professional authorized to enter information into your medical record maintained by Albemarle Gastroenterology Associates, P.C. Also any persons or companies with whom Albemarle Gastroenterology Associates, P.C contracts for services to help operate our practice and who have access to your medical information. As well as all these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**: We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from Albemarle Gastroenterology Associates, P.C. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by Albemarle Gastroenterology Associates, P.C, whether made by Albemarle Gastroenterology Associates, P.C personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than Albemarle Gastroenterology Associates, P.C. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to: Make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices at Albemarle Gastroenterology Associates, P.C, and your legal rights, with respect to medical information about you; and follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**: The following categories describe different ways that we use and disclose medical 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 of the ways we are permitted to use and disclose information will fall within one of these categories.
 **For Treatment**. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in taking care of you at Albemarle Gastroenterology Associates, P.C . For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside Albemarle Gastroenterology Associates, P.C who may be involved in your medical care after you have been treated by Albemarle Gastroenterology Associates, P.C, such as friends, family members, or employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted.
 **For Payment**. We may use and disclose medical information about you so that the treatment and services you receive from Albemarle Gastroenterology Associates, P.C may be billed by Albemarle Gastroenterology Associates, P.C and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from Albemarle Gastroenterology Associates, P.C so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as a hospital or skilled nursing facility to which you are admitted, for their payment activities concerning you.
**For Health Care Operations**. We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Albemarle Gastroenterology Associates, P.C and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Albemarle Gastroenterology Associates, P.C should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, and other personnel affiliated with Albemarle Gastroenterology Associates, P.C for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider.
**Treatment Alternatives**. We may use and disclose medical information to tell you about or recommend different ways to treat you.
**Research**, Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. Medical information about you that has had identifying information removed may be used for research without your consent. We also may disclose medical information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the medical information they review does not leave Albemarle Gastroenterology Associates, P.C. If the researcher will have information about your mental health treatment that reveals who you are, we will seek your consent before disclosing that information to the researcher. Unless we notify you in advance and you give us written permission, we will not receive any money or other thing of value in connection for using or disclosing your medical information for research purposes except for money to cover the costs of preparing and sending the medical information to the researcher. Your information may be shared for peer review and ongoing quality measures.
**Individuals Involved in Your Care or Payment for Your Care**. We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.
As **Required or Permitted Bv Law**. We may disclose medical information about you when required or permitted to do so by federal, state, or local law.
**To Avert a Serious Threat to Health or Safety**. We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.
**SPECIAL SITUATIONS;** Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
 **Active Duty Military Personnel and Veterans**. If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
**Workers\* Compensation**. In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers’ compensation to your employer, insurer, or care manager paying for that treatment under a workers’ compensation program that provides benefits for work-related injuries or illness.
**Public Health Risks**. We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following: To report, prevent or control disease, injury, or disability;

To report births and deaths; To report reactions to medications or problems with products; To notify people of recalls of products they may be using; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and To report suspected abuse or neglect as required by law.
 **Health Oversight Activities**. We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.
**Law Enforcement.** We may release without your consent medical information to a law enforcement official:
In response to a court order, warrant, summons, grand jury demand, or similar process; To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds,/poisonings; In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person; To report a death or injury we believe may be the result of criminal conduct; and To report suspected criminal conduct committed at Albemarle Gastroenterology Associates, P.C facilities.

**Coroners and Medical Examiners**. We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of Albemarle Gastroenterology Associates, P.C to funeral directors to carry out their duties.

 **National Security and Intelligence Activities**. We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.

 **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to Albemarle Gastroenterology Associates, P.C that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:** You have the following rights regarding medical information we maintain about you**: Right to Inspect and Copy**. You have the right to inspect and receive a copy of your medical record unless your attending physician determines that information in that record, if disclosed to you, would be harmful to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Albemarle Gastroenterology Associates, P.C will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.