



GARNER RHEUMATOLOGY & INFUSION CENTER

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION PURSUANT TO FEDERAL REGULATIONS. PLEASE REVIEW IT CAREFULLY.

At Garner Rheumatology and Infusion Center, PLLC (“**Practice**”), 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 directly from one of our physicians. We collect only the medical information needed to provide treatment, obtain payment, and for health care operations. We need this record to provide you with quality care and to comply with certain legal requirements. We restrict access to your personal information to those Practice employees who have a specific purpose for using your data. This Notice of Privacy Practices (“**Notice**”) applies to all the records of your care and billing for that care generated or maintained by Practice, whether made by Practice personnel or other health care providers.

This Notice will tell you about the ways in which Practice may use and disclose your protected health information (“**PHI**”). This Notice also describes your rights and certain obligations Practice has regarding the use and disclosure of PHI.

REGULATORY REQUIREMENTS.

Practice is required by law (1) to maintain the privacy of your PHI, (2) to provide individuals with notice of Practice’s legal duties and privacy practices with respect to PHI, and (3) to abide by the terms described in the Notice currently in effect.

WHO WILL FOLLOW THIS NOTICE.

This Notice describes the practices of (1) the Practice, (2) any health care professional authorized to enter information into your medical record maintained by the Practice, and (3) any persons or companies with whom the Practice contracts for services to help operate our practice and who have access to your medical information. Any persons or companies with whom the Practice shares PHI in accordance with this Notice may, in turn, share such PHI with other persons or companies or each other for the purposes described in this Notice. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your PHI that is created in their offices or at locations other than the Practice.

RIGHTS.

You have the following rights regarding your PHI:

1. **Restrictions.** You may request that Practice restrict the use and disclosure of your PHI. To request restrictions, you must make your request in writing to our Privacy Officer using the applicable Practice form. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the restrictions to apply, for example, disclosures to your spouse. We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You may request that we not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any Practice location. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. “In full” means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early in your visit as possible.
2. **Alternative and Confidential Communications.** You have the right to request that communications of PHI to you from Practice be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing using Practice’s form and sent to the Privacy Officer. Practice will accommodate your reasonable requests.
3. **Inspect and Copy.** Generally, you have the right to inspect and copy your PHI that Practice maintains, provided you make your request in writing to Practice’s Privacy Officer. If you request copies of your PHI, we may impose a reasonable fee to cover copying and postage. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision)

designated as a reviewing official. If Practice does not maintain the PHI you request and if we know where that PHI is located, we will tell you how to redirect your request.

4. **Amendment.** If you believe that your PHI maintained by Practice is incorrect or incomplete, you may ask us to correct your PHI. Your request must be made in writing, and it must explain why you are requesting an amendment to your PHI. We can deny your request if your request relates to PHI: (i) not created by Practice; (ii) not part of the records Practice maintains; (iii) not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Practice's denial attached; and (iii) complain about the denial.
5. **Accounting of Disclosures.** You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment and health care operations; (ii) made to you; (iii) for Practice's patient list; (iv) for national security or intelligence purposes; or (v) to law enforcement officials. You should submit any such request to Practice's Privacy Officer. Practice will provide the initial list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing the list.
6. **Right to File a Complaint.** You have the right to file a complaint with the Privacy Officer or the secretary of the Department of Health and Human Services, Office for Civil Rights, in accordance with this Notice.
7. **Right to Copy of Notice.** You have the right to receive a paper copy of this Notice upon request. To obtain a paper copy of this Notice, please contact the Privacy Officer at the address and contact information stated at the end of this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

Practice may use or disclose your PHI for the purposes described below **without obtaining written authorization from you**. In addition, Practice and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment and health care operations related to the organized health care arrangement. For each purpose described below, we will explain what we mean and provide examples, but not every use or disclosure in a category will be listed.

1. **For Treatment.** Practice may use and disclose PHI to internal and external doctors, nurses, technicians, medical students, volunteers, or other personnel while providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. 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. As another example, Practice may share PHI to a skilled nursing facility to which you are transferred or subsequently admitted that is involved with your medical care after you have been treated by Practice.
2. **For Payment.** Practice may use and disclose PHI to bill and collect payment for the health care services provided to you. For example, Practice may need to give PHI to your health plan to be reimbursed for the services provided to you. Practice may also disclose PHI to its business associates, such as billing companies, claims processing companies and others that assist in processing health claims. Practice may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.
3. **For Health Care Operations.** Practice and its business associates may use and disclose PHI as part of Practice's operations, including for quality assessment and improvements, such as evaluating the treatment and services you receive and the performance of staff and physicians in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, credentialing and peer review activities, and health care fraud and abuse detection or compliance, and management and administration. Practice may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help make sure Practice is complying with all applicable laws, and to help Practice continue to provide quality health care to its patients. Without limitation, Practice may use and disclose PHI to any third party operator of its electronic health records software system and to another health care provider for its health care operations purposes if you also have received care from that provider.
4. **Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care.** Unless you object, Practice may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also disclose PHI 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.
5. **As Required by Law and Law Enforcement.** Practice may use or disclose PHI when required to do so by applicable laws and when ordered to do so in a judicial or administrative proceeding. Practice may also use or disclose PHI upon a properly documented and limited request from law enforcement agencies.
6. **For Public Health Activities and Public Health Risks.** Practice may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, or notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.
7. **For Health Oversight Activities.** Practice may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.

8. **Coroners, Medical Examiners and Funeral Directors.** Practice may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.
9. **Research.** Under certain circumstances, Practice may use and disclose PHI for medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication with those who received another, for the same condition. Medical information that has identifying information removed may be used for research without your consent. Unless we notify you in advance and obtain your written permission, we will not receive any money or other thing of value in connection with using or disclosing your PHI for research purposes except for money to cover the costs of preparing and sending the PHI to a researcher.
10. **To Avoid a Serious Threat to Health or Safety.** Practice may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.
11. **Specialized Government Functions.** Practice may use and disclose PHI of military personnel and veterans under certain circumstances. Practice may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the president or other authorized persons or foreign heads of state or to conduct special investigations.
12. **Disclosures to You or for HIPAA Compliance Investigations.** Practice may disclose your PHI to you or to your personal representative and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Practice must disclose your PHI to the secretary of the United States Department of Health and Human Services (the "**Secretary**") when requested by the Secretary in order to investigate Practice's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.
13. **Patient List; Marketing.** Unless you object, Practice may use some of your PHI to maintain a list of patients it has served. This information may include your name, treatment facility, and the services Practice provided to you. This patient list and the information on it may be used for purposes of marketing the Practice.
14. **Inmates.** If you are in the custody of the North Carolina Department of Corrections ("**DOC**") and the DOC requests your medical records, we are required to provide the DOC with access to your records.
15. **Organ and Tissue Donation.** If you are an organ donor, we may release medical information containing PHI 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.
16. **Workers' Compensation.** In accordance with state law, we may release without your consent certain medical information containing PHI 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.

OTHER USES AND DISCLOSURES.

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations; you have the right to revoke your authorization in writing. If you revoke your authorization, Practice will no longer use or disclose PHI about you for the reasons covered in your written authorization. Please understand that Practice is unable to recover any disclosures already made with your authorization, and that Practice is required to retain records of the care provided to you. Without limitation, the following purposes will require your prior written authorization:

1. **Sale of Medical Information.** We will not sell your medical information without first receiving your written authorization. Any authorization form you sign agreeing to the sale of your medical information must state that we will receive payment of some kind disclosing your information. However, because a "sale" has a specific definition under the law, it does not include all situations in which payment of some kind is received for the disclosure. For example, a disclosure for which we charge a fee to cover the cost to prepare and transmit the information does not qualify as a "sale" or your information. We may also use and disclose your PHI in connection with the sale, transfer, merger, or consolidation of our Practice with another health care provider as allowed by law, without your prior written authorization.
2. **Marketing of Health-Related Products and Services.** "Marketing" means a communication for which we receive any sort of payment from a third party that encourages you to use a service or buy a product. Before we may use or disclose your medical information to market a health-related product or service to you, we must obtain your written authorization to do so. The authorization form will let you know that we have been paid to make the communication to you. Marketing does not include prescription refill reminders or other information that describes a drug you currently are being prescribed, so long as any payment we receive for that communication is to cover the cost of making the communication, face to face communications, or gives of nominal value such as pens or key chains stamped with our name or the name of a health care product manufacturer. Communications made about your treatment, such as when we refer you to another health care provider, generally are not Marketing.

CHANGES TO THIS NOTICE.

We reserve the right to change this Notice from time to time. We reserve the right to make the revised or changed Notice effective for medical information and PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Practice's office locations and on our website listed above and below. This Notice will always contain the effective date on the first page, in the top right hand corner. If the Notice changes, a paper copy will be available to you upon request.

INVESTIGATIONS OR BREACHES OF PRIVACY.

We will investigate any discovered unauthorized use or disclosure of your medical information or PHI to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we

Effective Date: 12/1/2023

will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

RIGHT TO FILE A COMPLAINT.

At Practice, we value the relationships we develop with our patients, our patients' privacy, and the trust our patients' have in us. As such, we make every effort to remedy any issues or concerns you may have. You may submit any complaint regarding your privacy rights to:

Marian Johnson (the "***Privacy Officer***")
GARNER RHEUMATOLOGY & INFUSION CENTER, PLLC
810 Timber Drive
Garner, NC 27529
Tel: 919-747-9040
Fax: 1-866-837-8477
Email: mjohnson@garnerrheumatology.com

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint. You may contact the Office for Civil Rights at:

Office for Civil Rights
U.S. Department of Health and Human Services
[Information for regional offices](#)

PLEASE CONTACT THE PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OF PRIVACY PRACTICES OR YOUR PRIVACY RIGHTS.