

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.

Introduction

At GastroIntestinal Healthcare, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective May 13, 2013, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit GastroIntestinal Healthcare, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of this state and the nation.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of GastroIntestinal Healthcare, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524; if any of your health information is

maintained by us electronically, you may request an electronic copy.

- Amend your health record as provided in 45 CFR 164.526.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your protected health information as provided by 45 CFR 164.522. We will consider your request but we are not legally required to accept it, unless your request is with respect to a disclosure of health information to a health plan for the purpose of payment or health care operations, and the disclosure relates to an item or service for which we have been paid in full (either by you or by someone, other than the health plan, acting on your behalf).
- Revoke your authorization to use or disclose health information by giving us written notice, except to the extent we have taken action in reliance thereon.

Our Responsibilities

GastroIntestinal Healthcare is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify affected individuals of any breach of unsecured protected health information.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, in which case we will post a revised notice at our office and may copies of the notice available upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. Examples of uses and disclosures of health information that require your authorization include, but are not limited to, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. We will also discontinue using or disclosing your health information after we have received a written revocation of your authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the practice's Privacy Officer, Amy Slater, at 919-870-1311, or via mail at GastroIntestinal Healthcare, 2011 Falls Valley Drive, Suite 106, Raleigh, NC 27615.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment, and Health Operations

We may use and disclose your protected health information for treatment purposes. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this practice.

We may use and disclose your protected health information for payment purpose. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We may use and disclose use your protected health information for health care operations purposes. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Permitted and Required Uses and Disclosures

Business associates: There are some services provided in our organization through contracts with business associates. An example would include the contracting of outside laboratory services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Appointment reminders and treatment alternatives: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you, but only if we do not receive financial remuneration from a third-party in exchange for making those communications.

Fundraising: We may contact you to support our fundraising efforts, but you have the right to opt out of receiving any fundraising communications.

Communication with family: Unless you object, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Disaster relief: Unless you object, we may disclose your protected health information to an authorized public or private entity (such as the Red Cross) to assist in disaster relief efforts.

Required by law: We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state, or local law.

Public health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Abuse or neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or

domestic violence to the governmental entity or agency authorized to receive such information.

Health oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Legal proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Coroners, funeral directors, and organ donation: We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information (either after death or in anticipation of death) to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may also be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Prevention of threat to health or safety: We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military and special government functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

GASTROINTESTINAL HEALTHCARE

Improving Your Health From The Inside Out.

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WE RESPECT YOUR PRIVACY.

NOTICE OF PRIVACY PRACTICES

FOR

GASTROINTESTINAL HEALTHCARE, INC.

May 13, 2013