Raleigh Medical Group Gastroenterology (a division of Raleigh Medical Group, P.A.)

2601 Lake Drive, Suite 201, Raleigh, NC 27607

Phone: **919-783-4888**

SUMMARY OF NOTICE OF PRIVACY PRACTICES, version 2013

Effective Date: August 15, 2013

This notice is a description of how medical information about you may be used and disclosed and how you can get access to this information.

For additional information, please refer to the full version of this Notice or contact our privacy officer.

USES AND DISCLOSERS OF YOUR PROTECTED HEALTH INFORMATION

We may use or disclose your health information:

- To treat you
- To get paid for treating you
- To run the Practice
- To remind you of appointments
- As may be required or otherwise permitted by law

For more information of how we may use or disclose your health information, please refer to the full version of this Notice or contact our Privacy Officer.

We will use or disclose your health information for other purposes only with your authorization. If you authorize us to use or disclose your protected health information for other purposes, you may revoke that authorization at any time by notifying us.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have a right to:

- Ask us to limit the information that we have
- Receive confidential communications from us regarding your health information
- Look at and obtain a copy of your health information
- Amend mistakes in your health information
- Obtain a list of disclosures of your health information that we have made, and
- Obtain a copy of the full version of our Notice of Privacy Practices

For more information on how to exercise your rights and how such rights may be limited by law, please refer to the full version of the Notice or contact our Privacy Officer.

OUR DUTIES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

We are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties with respect to your protected health information and our privacy practices, and to abide by the terms of the Notice of Privacy Practices.

REVISIONS TO NOTICE OF PRIVACY PRACTICES

We may revise our policies with respect to the privacy of patient health information from time to time. Any amendments to our Notice shall be posted in our offices and copies of any amended Notice will be available in our offices.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. For more information on how to file a complaint, please refer to the full version of this Notice or contact our Privacy Officer.

PRIVACY OFFICER CONTACT INFORMATION

If you have questions regarding your privacy rights, please refer to the full version of this Notice or contact our privacy officer at (919)859-5955. You may also address questions or concerns to the privacy officer by writing to:

Privacy Officer 530 New Waverly Place, Suite 200 Cary, NC 27518