

**Primary Medical Care**  
**270 Cornerstone Drive, Suite 105**  
**Cary, NC 27519**

**NOTICE OF PRIVACY PRACTICES**

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.

**About Us**

In this Notice, terms are used like “we”, “us”, or “our” to refer to Primary Medical Care, its providers, employees, staff, and other personnel. The office of Primary Medical Care follows the terms of this Notice and may share health information with each other for treatment, payment of health care procedure purposes as described in this Notice.

**Purpose of this Notice**

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for the purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing your care. We understand that your health information is person, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

**Our Responsibilities**

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

**How We May Use or Disclose Your Health Information**

The following categories describe examples, but are not limited to the way we may use or disclose your health information

For Treatment: We may use your health information to provide you with medical treatment or services. We may disclose your health information to a specialist for the purpose of a referral consultation. We may also disclose your health information to another healthcare provider to be sure those parties have all the information necessary to diagnose and treat you.

For Payment: We may use and disclose your health information to others so they will pay us or reimburse you for treatment. A bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies in the course of treatment. We may also share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care.

For Health Care Operations: We may use and disclose your health information in order to support our business operations. We may use your health information for quality assessment activities, training of

medical and nursing students, necessary credentialing, and for other essential activities.

We ask you to sign your name to a sign-in sheet at the registration desk and we may call your name in the waiting room when we call you for an appointment.

Appointment Reminders: We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment or health care services.

Individuals Involved in Your Care or Payment of Your Care: Information about your condition or treatment may be released to a family member or friend who is involved in your medical care or who helps pay for your care. **Any individuals who can be advised of your care should be indicated on your HIPAA Confidentiality and Privacy Form.**

We are also allowed by law to use and disclose your health information when required to do so by federal, state, or local law. Below is a list of categories that are examples of how your information may be used.

*Public Health* – For public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

*Health Oversight Activities* – To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

*Law Enforcement* – For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

*Abuse or Neglect* – To an appropriate authority to report child abuse or neglect, or if we believe that you have been the victim of abuse, neglect, or domestic violence.

*Serious Threat to Health and Safety*

*Judicial and Administrative Proceedings* – In the course of legal proceedings.

*Workers' Compensation* – To comply with workers' compensation laws.

*Coroners, Funeral Directors, and Organ Donation* – For the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

*Soldiers, Inmates, and National Security* – to military supervisors of Armed Forces personnel or to custodians of inmates as necessary. Preserving national security may also necessitate disclosure of protected health information.

*Food & Drug Administration* – As required by the Food & Drug Administration to track products.

*Compliance* – To the Department of Health and Human Services to investigate our compliance.

### **Other Uses and Disclosure of Your Health Information**

Other uses and disclosures of your health information are not covered by this Notice and will be made only with your authorization. If you authorize us to use or disclose your health information, you may revoke that authorization, in writing, at any time.

### **Your Rights Regarding Your Health Information**

You have the following rights regarding health information we maintain on you:

**Right to Request Restriction** – You have the right to request restrictions on how we use and disclose your health information. To request such restrictions, **you must make your request in writing and submit to Privacy Official, c/o Primary Medical Care, 270 Cornerstone Drive, Suite 105, Cary, NC 27519.**

**As a patient, you have the right to amend, the right to an accounting of disclosures, the right to complain, and the right to a paper copy of this Notice. If you should need to act on any of these rights, please contact our office at:**

**Primary Medical Care  
270 Cornerston Drive, Suite 105  
Cary, NC 27519  
(919)460-7676**

We reserve the right to change the terms of this Notice at any time. We reserve the right to make new Notice provisions effective for all health information we maintain, as well as any information that we will receive in the future.