



**NOTICE OF PRIVACY PRACTICES**  
**Effective: September 1, 2021**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.**

**A federal regulation, known as the "HIPAA Privacy Rule", requires that health care providers give you a detailed notice in writing of their privacy practices. This notice is being given to you by: TRIANGLE UROLOGY ASSOCIATES, PA (the "Practice").**

**I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this Notice, we describe the ways that we may use and share health information about our patients. The HIPAA Privacy Rule requires that we protect any health information that can be used to identify you. This type of information is called "protected health information" or "PHI". This Notice describes your rights as our patient and our obligations regarding the use and sharing of PHI about you under HIPAA. The law requires us to:

- Keep PHI about you private;
- Tell you about our legal duties and how we keep PHI about you private; and
- Do what the terms of our current Notice of Privacy Practices tell us to do.

In some situations, federal and state laws may provide special protections for certain types of PHI. Before we can share this type of PHI, we may require written permission from you. Examples of PHI that are sometimes specially protected included PHI involving:

- Mental health;
- HIV / AIDS;
- Reproductive health; or
- Chemical dependency.

We may refuse to share these special types of PHI or we may contact you if written permission is needed to share it.

**As permitted by the HIPAA Privacy Rule, we are allowed to make changes to this Notice. Any changes may affect the PHI that we may already have about you.**

**II. HOW WE MAY USE AND SHARE PROTECTED HEALTH INFORMATION ABOUT YOU**

**A. Using and Sharing PHI with You and with Your Personal Representative for such Reasons as Treatment, Payment, and Health Care Operations**

Subject to the other laws that we discuss later in this Notice, this section describes the different ways that we may use and share PHI about you to you and to your personal representative. We may use and share PHI about you without your written approval, for reasons such as:

- Your health care treatment;
- Payment for your care; or
- Running our health care business.

The examples included in each category below do not list every example of the ways that PHI about you may be used or shared.

### **Sharing PHI with You**

We may share PHI about you with you. We may use your personal information to:

- Remind you about your appointments;
- To give you information about other treatment choices; or
- To tell you about other health-related benefits and services that might interest you.

### **Sharing PHI with Your Personal Representative**

We share PHI about you with your personal representative. Your personal representative is usually someone who has the authority to make decisions for you about your health care. If you were to die, your personal representative would be the person who has the authority to make decisions for you about your estate.

### **Giving Treatment**

We may use and share PHI about you to provide, coordinate or manage your health care and coordinate and manage your health care with others. For example, we may use or share PHI about you when referring you to another health care provider.

### **Making Payment**

We may use or share PHI about you:

- To pay or deny your insurance claims;
- To collect your insurance premiums; or
- To pay for work of your health care providers or your other insurer(s).

For example, we may use and share PHI about you to tell you whether a particular type of healthcare service is covered under your policy.

### **Conducting Health Care Operations**

We may use and share PHI about you in doing business activities that are called health care operations. Health care operations include doing things that improve the way we run our business. For example, we may use and share PHI about you in health care operations to:

- Review and improve the quality, efficiency and costs of our operations.
- Improve the way we manage health care payment, coverage policies, or customer service.
- Set premiums and do other things that help the insurance company.
- Improve health care and lower costs for groups of people who have similar health problems.
- Identify groups of people with similar health problems to give them information, such as other treatment choices and educational classes. We may also use this information to help manage and organize the care for these groups of people.
- Provide training programs for non-health care professionals.

- Cooperate with people who review our activities. For example, accountants, lawyers, and other people who help us to follow the law and to manage our business may see PHI about you.
- Resolve any complaints that you have.
- Help us making plans for the Practice's future operations.
- Resolve complaints with our organization.
- Do business planning and development, such as cost-management analyses.
- Manage our business activities and other general administrative activities. For example, daily business activities include following the HIPAA Privacy Rule and meeting other legal requirements.
- Create a type of information from which key data that identifies you has been removed. We may share PHI about you to a business associate to create this type of information, regardless of whether or not we will use it.
- Create a type of limited information that does not contain any data that directly identifies you. Our ability to share this information to others is discussed later in this Notice.

If you have or once had a relationship with a company or a person who provided your health care, and that company or person is required to follow the HIPAA Privacy Rule, we may share PHI about you for the health care operations of that company or person. For example, we may use and share PHI to:

- Review and improve the quality, efficiency and cost of services given to you;
- Provide training programs for people who do not work in the health care profession; and etc.
- Help with activities that give licenses, certification or other qualifications to those in the health care profession.

#### **B. Other Ways We Can Use or Share PHI About You Without Your Written Authorization, After You Have Had the Opportunity to Object**

We may use and share PHI about you in some situations without your written permission, if you did not object when you had the opportunity. However, in some emergency situations, we may have to share PHI about you without first giving you the chance to object. Such a situation might arise when you are not available or when an emergency has prevented you from making the decision. In these circumstances, we will use our professional judgment to make a decision in your best interest.

#### **Individuals Involved in Your Care or Payment for Your Care**

If you do not object when you have the opportunity, or if you are not able to object, we may share PHI about you to:

- A family member;
- A close friend; or
- Any other person identified by you.

We will only share the PHI that is needed by these people to handle your care and the payment for your care. We may also share PHI with these people if we use our professional judgment to make a decision that it is in your best interests to share PHI with these people. We may also use and share PHI that is needed to tell these people about health and where you are. For example, in many states a teenage minor must give us permission to use or to share PHI about his or her mental health, chemical dependency, HIV/AIDS, or sexual health. Therefore, the Practice may require that we have the child's written permission before giving the PHI to anyone, including his or her parents.

## **Disaster Relief**

We also may share PHI about you with disaster relief agencies (for example, the Red Cross) for disaster relief purposes.

## **C. Other Ways We Can Use or Share PHI About You Without Your Written Authorization and Without Giving You the Chance to Object**

We may use and share PHI about you in the following circumstances without your written permission and without giving you the opportunity to object, as long as we follow certain rules.

### **Required By Law**

We may use and share PHI as required by law. However, we must follow the law and we limit the way the PHI to meet the requirements of the law.

### **Incidental Disclosures**

Sharing information that is related to the way that HIPAA permits or requires us to use or to share PHI is acceptable. However, we must be careful to avoid any unnecessary sharing of PHI, and to limit the amount of PHI that is revealed through the sharing of related information.

### **Public Health Activities**

We may use and share PHI with public health authorities or other people who carry out certain activities that are related to public health, that include the following activities.

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report child abuse or neglect;
- To report reactions to medicine;
- To report problems with products of devices that is regulated by the federal Food and Drug Administration (FDA). Problems with other activities that are related to the quality, safety, or effectiveness of anything regulated by the FDA may also be reported;
- To find and tell people about any recalls of products that they may be using ; or
- To tell a person if they may have been exposed to a communicable disease, in order to control who may be at risk of catching or spreading the disease.

### **Abuse, Neglect, or Domestic Violence**

We may share PHI about you in certain cases to the government if we reasonably believe that you have been a victim of domestic violence, abuse or neglect.

### **Health Oversight Activities**

We may share PHI with an agency that performs oversight activities. "Oversight activities" include audits, investigations, inspections, licensure, and disciplinary actions. Such an agency may perform oversight activities to monitor the health care system, the government health care programs, and compliance with certain laws.

### **Lawsuits and Other Legal Proceedings**

We may use or share PHI when we are required to do so by a court or an administrative tribunal. PHI may also be share in response to subpoenas, discovery requests, or other required legal proceedings. Before we do so, however, we will try to let you know about the request or try to get an order protecting the personal information.

### **Law Enforcement**

Under certain conditions, we may share PHI with law enforcement officials when it is:

- About a suspected crime victim, if we are unable to obtain the person's agreement because of an emergency situation or because the person is not able to give his or her consent;
- To let people who enforce the law know about a death that we think was the result of criminal conduct;
- Required by law;
- In response to a court order or other legal demand;
- To identify or find someone who is suspect, fugitive, material witness or a missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency that did not occur in our office;
- To report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

### **To Prevent a Serious Threat to Health or Safety**

We may use and share PHI about you in limited circumstances when it is needed to prevent a threat to the health or safety of a person or to the general public. This disclosure can only be made to people who are able to help prevent the threat.

### **Specialized Government Functions**

Under certain conditions, we may share PHI:

- For certain military and veteran activities, such as determining whether a person may receive veterans' benefits;
- For military command officials, when sharing such information is necessary;
- For national security and intelligence activities;
- For the protection of the President of the United States and others; or
- For the health or safety of prisoners and other people in jail or prison or in the custody of people who enforce the law.

### **Workers' Compensation**

We may share PHI when allowed by workers' compensation laws or other programs that provide benefits for work-related injuries or illness.

### **Sharing Information Required by HIPAA Privacy Rule**

We are required to share PHI about you with the Secretary of the United States Department of Health and Human Services when asked to do so by the Secretary. By sharing this information, the Secretary can make sure that we do what the HIPAA Privacy Rule tells us to do. We are also required in certain cases to share PHI with you, or your legal representative, when you ask to see PHI or ask us how we have share any PHI about you (these requests are described in Section III of the Notice).

### **Information From Which Data that Identifies You Has Been Removed**

We may use or share PHI from which data that identifies you has been removed. This information may only be shared for research, public health, and health care operations purposes. The person who receives the information must sign an agreement to protect the information.

### **Business Associates**

We may share PHI with people called "business associates" who help us to provide services to you. These business associates must sign contracts that require them to protect PHI about you.

### **Coroners, Medical Examiners, Funeral Directors**

We may share PHI with a coroner or medical examiner to identify a person who has died and to determine the cause of death. We may share PHI with funeral directors, according to the law, so that they may carry out their jobs.

### **Organ and Tissue Donations**

If you are an organ donor, we may use or share PHI about you to help with an organ, eye, or tissue donation and transplant.

## **Research**

We may use and share PHI about you for research purposes under certain limited circumstances.

### **D. Other Ways We Can Use and Share Protected Health Information About You that Require Your Authorization**

All other ways that we use and share PHI about you must be made with your written authorization. If you have previously given us written permission, you may take back your approval at any time, except in cases when we have already used PHI about you based on permission that you gave earlier.

## **III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under the HIPAA Privacy Rule, you have the following rights regarding PHI about you.

### **Right to Request Restrictions**

You have the right to ask us to put more limits on the way we use and share PHI about you. You may also ask for more limits on the way we share PHI about you to certain people that are involved in your care. These people would otherwise be allowed by the Privacy Rule to see your information, if not for your request. *We are not required to agree to your request.* If we do agree to your request, we are required to obey the rules of our agreement, except in certain cases like using PHI to treat you in the case of an emergency.

To ask for restrictions, you must send a written letter or email to our Privacy Officer. In your request, please include

- The information that you want to limit;
- How you want to limit the information (for example, to prevent any sharing of PHI about you in this office, outside of this office, or both inside and outside the office); and
- To whom you want those restrictions to apply.

### **Right to Receive Confidential Communications**

You may request that we share PHI with you in a certain manner or at a certain location. For example, you may ask that we contact you at home, rather than at work. You must make your request in writing and must tell us how we should contact you. For example, if you do not wish to be contacted at home, please tell us a post office box or another address to which PHI may be sent. We will agree to only your *reasonable* requests.

### **Right to See and Get a Copy**

You have the right to ask to see and get a copy of PHI about you in certain records that we keep. This includes medical and billing records. However, it does not include psychotherapy notes or information that might be used in a court case or another legal proceeding. We may not allow you to see or get a copy of PHI about you in certain limited circumstances, to see and get a copy of PHI about you, please contact our Privacy Officer. If you ask for a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in giving you the copy. See Exhibit I for fees charged for these services.

### **Right to Change**

You have the right to ask that we change PHI about you as long as such information is kept or used by the Practice. To make this type of request, you must send either a letter or an email to our Privacy Officer. You must also tell us why you wish to change PHI about you. We may deny your request in

certain cases. For example, if the request is not in writing or if you do not give us a reason for the request, we may not approve your request.

### **Right to Know How Your Protected Health Information has been Shared**

You have the right to ask us how and with whom PHI about you has been shared. To meet your request, we will give you a list that explains how the information has been shared during a period of up to 6 years. This list *does not include* disclosures made:

- For treatment, payment, and health care operations;
- To family members or friends involved in your care, made available by the written permission of you or your personal representative;
- To you directly or to your personal representative, made available by written permission;
- To notify certain officials, for reasons like national security, intelligence, correctional, and law enforcement purposes;
- As disclosures that are related to otherwise permitted uses of PHI;
- As part of a set of information that does not directly identify you; and
- Before April 14, 2003

If you wish to make such a request, please contact our Privacy Officer. His information is on the last page of this Notice. You may receive one free list per year, but we may charge you for our reasonable costs if we must give you a second list in that time period. We will tell you about these costs, and you may choose to cancel your request at any time before we charge you for the costs.

### **Right to a Paper Copy of this Notice**

You have a right to receive a paper copy of the Notice at any time. You may get a paper copy of the Notice even if you earlier agreed to receive a copy of this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer listed in the Notice.

## **V. QUESTIONS**

If you have any questions about this Notice, please contact our Privacy Officer at the mailing address, phone number or email address listed below.

## **VI. PRIVACY OFFICER CONTACT INFORMATION**

You may contact our Privacy Official at the following mailing address and phone number:

**Davin W. Brown, CFO**  
**205 Frasier Street**  
**Durham, NC 27704**  
**919-313-3672**  
[dbrown@tua-nc.com](mailto:dbrown@tua-nc.com)

This Notice is effective on September 1, 2021.