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AUNC Associated Urologists of North Carolina, PA

Privacy Policy

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. IN ADDITION, THIS NOTICE PROVIDES INFORMATION ABOUT YOUR RIGHTS RELATED TO YOUR MEDICAL INFORMATION AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR MEDICAL INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE AND TO DISCUSS THIS NOTICE WITH US. PLEASE REVIEW IT CAREFULLY.

I. Who We Are

Practice, Facility and Health Professionals in this notice are members of the ~~Solaris Health Affiliated Covered Entity (ACE).~~ An Affiliated Covered Entity is a group of organizations under common ownership or control who designate themselves as a single Affiliated Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA").

The Practice, Facility, its employees, workforce members and members of the ~~ACE~~ who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). The members of the ~~ACE~~ will share PHI with each other for the treatment, payment and health care operations of the ~~ACE~~ and as permitted by HIPAA and this Notice. For a complete list of the members of the ~~ACE~~, please contact the Privacy Office at the contact information listed at the bottom of this notice.

II. Our Privacy Obligations

We understand that your health information is personal and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your Protected Health Information, to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information, and to notify you in the event of a breach of your unsecured Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your Protected Health Information. However, unless the Protected Health Information is Highly Confidential Information (as defined below) and the applicable law regulating such Highly Confidential Information imposes special restrictions on us, we may use and disclose your Protected Health Information without your written authorization for the following purposes:

- 1. Treatment. We use and disclose your Protected Health Information to provide treatment and other services to you–for example, to provide medical care or to consult with your physician about your treatment. We may use your information to contact you to provide you appointment reminders or to recommend alternative treatments, therapies, health care providers, or settings of care to you or to describe a health-related product or service. We may also disclose Protected Health Information to other providers involved in your treatment.

- 2. Payment. We may use and disclose your Protected Health Information to obtain payment for health care services that we provide to you–for example, disclosures to claim and obtain payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of your health care ("Your Payor") to verify that Your Payor will pay for the health care. We may also disclose Protected Health Information to your other health care providers when such Protected Health Information is required for them to receive payment for services they render to you.
- 3. Health Care Operations. We may use and disclose your Protected Health Information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use Protected Health Information to evaluate the quality and competence of our staff and/or other health care professionals.
- 4. Health Related Products or Services. We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you. In addition, we may use or disclose your PHI to tell you about health-related products or services.
- 5. Health Information Exchanges. We may disclose your Protected Health Information to other health care providers or other health care entities for treatment, payment, and health care operations purposes, as permitted by law, through a Health Information Exchange. You may opt out and prevent your medical information from being searched through the Health Information Organization by completing and submitting an Opt-Out Form to privacyoffice@solarishp.com.
- 6. As Required by Law. We may use and disclose your Protected Health Information when required to do so by any applicable federal, state or local law.
- 7. Public Health Activities. We may disclose your Protected Health Information to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability.
- 8. Victims of Abuse, Neglect or Domestic Violence. We may disclose your Protected Health Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports.
- 9. Health Oversight Activities. We may disclose your Protected Health Information to an agency that oversees the health care system.
- 10. Judicial and Administrative Proceedings. We may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- 11. Law Enforcement Officials. We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.
- 12. Correctional Institution. We may disclose your Protected Health Information to a correctional institution if you are an inmate.

- 13. Decedents. We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law.
- 14. Organ and Tissue Procurement. We may disclose your Protected Health Information to organizations that facilitate organ, eye or tissue procurement.
- 15. Clinical Trials and Other Research Activities. If applicable, we may use and disclose your Protected Health Information for research purposes pursuant to a valid authorization from you or when an institutional review board has waived the authorization requirement.
- 16. Health or Safety. We may use or disclose your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- 17. Specialized Government Functions. We may use and disclose your Protected Health Information to units of the government with special functions.
- 18. Workers' Compensation. We may disclose your Protected Health Information as authorized by and to the extent necessary to comply with state law relating to workers' compensation.
- 19. Appointment Reminders. Your Protected Health Information may be used to tell or remind you about appointments.

IV. Your Choices Regarding Certain Uses and Disclosures

For certain medical information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

- 1. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member or close friend identified by you when you are present for the disclosure.
- 2. Marketing. We must obtain your written authorization prior to using your Protected Health Information for purposes that are marketing under the HIPAA privacy rules.
- 3. Sale of Protected Health Information. We will not make any disclosure of Protected Health Information that is a sale without your written authorization.
- 4. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain health information about you ("Highly Confidential Information or information under 42 CFR Part 2"). We are not a Part 2 Provider of substance use disorder treatment and, therefore, we generally do not maintain any Highly Confidential Information.
- 5. Revocation of Your Authorization. You may revoke your authorization by delivering a written revocation statement to the Privacy Office.

V. Your Individual Rights

- **1. For Further Information; Complaints.** If you desire further information or believe your privacy rights have been violated, you may contact our Privacy Office or the Office for Civil Rights of the U.S. Department of Health and Human Services.
- **2. Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your PHI for treatment, payment and health care operations.
- **3. Right to Receive Communications by Alternative Means.** We will accommodate reasonable written requests to receive your PHI by alternative means or at alternative locations.
- **4. Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records.
- **5. Right to Amend Your Records.** You have the right to request that we amend your Protected Health Information.
- **6. Right to Receive An Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI.
- **7. Right to Revoke Your Authorization.** You may revoke your authorization except to the extent that action has already been taken in reliance upon it.
- **8. Right to Receive Paper Copy of this Notice.** Upon request, you may obtain a paper copy of this Notice.

VI. Effective Date and Duration of This Notice

1. Effective Date. This Notice is effective on 2/16/2026.

2. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. We will post the new notice in our waiting room and on our Internet site.

VII. Privacy Office

You may contact the Privacy Officer at our entity:

Privacy Office

~~Solaris Health~~

2101 W. Commercial Blvd., Ste 3500

Fort Lauderdale, FL 33309

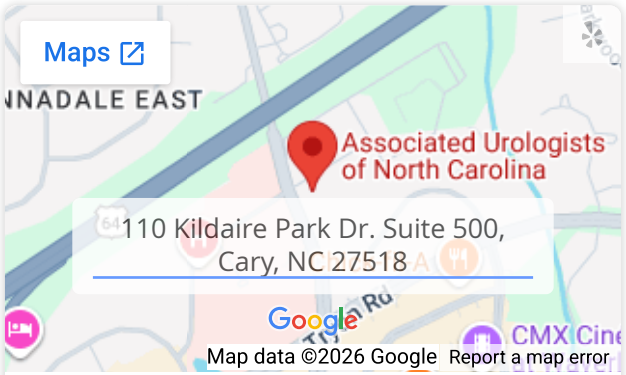
Email: privacyoffice@solarishp.com

OUR LOCATIONS

Choose your preferred location

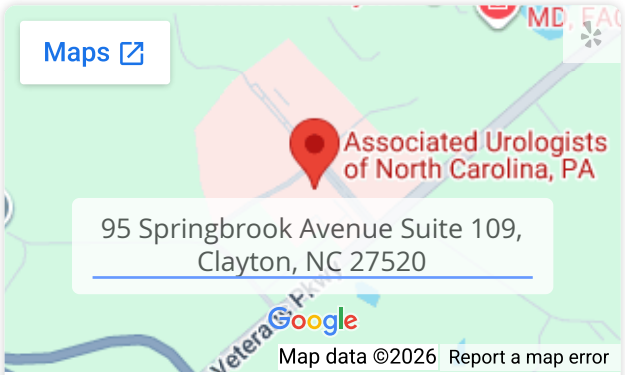
919-758-8677 REQUEST APPOINTMENT

Fax: 919-851-4018



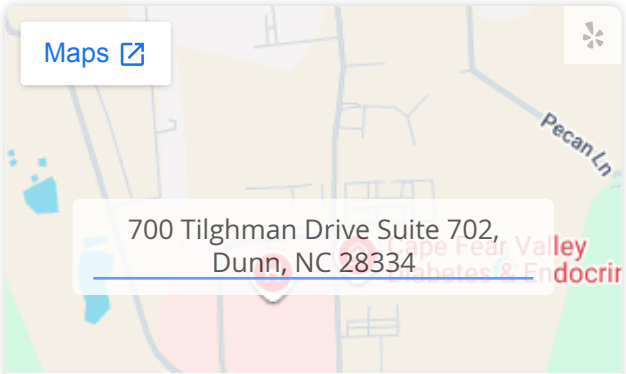
919-467-3203 REQUEST APPOINTMENT

Fax: 919-460-8915



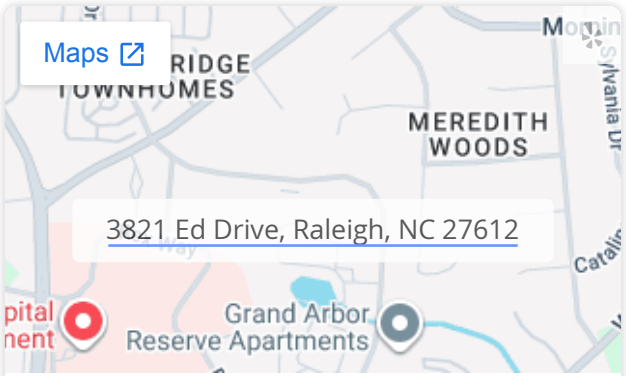
919-863-9424 REQUEST APPOINTMENT

Fax: 919-863-9425



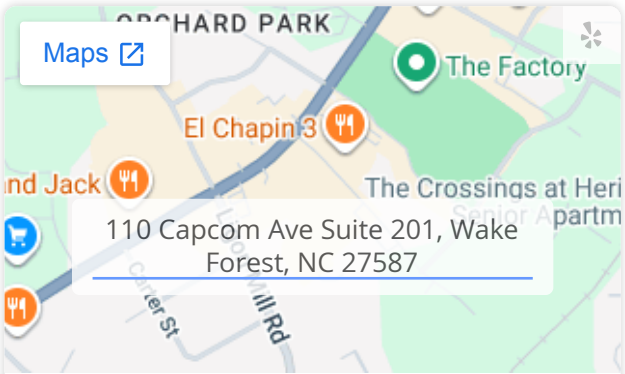
910-892-1068 REQUEST APPOINTMENT

Fax: 910-892-4527



919-758-8677 REQUEST APPOINTMENT

Fax: 919-758-8723



919-758-8677 REQUEST APPOINTMENT

Fax: 919-554-9686

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Associated Urologists of North Carolina, Cary, NC

Phone (appointments): 919-758-8677 | Phone (general inquiries): 919-758-8677

Address: 160 MacGregor Pines Drive, Suite 205, Cary, NC 27511

Associated Urologists of North Carolina, Cary, NC

Phone (appointments): 919-467-3203 | Phone (general inquiries): 919-467-3203

Address: 110 Kildaire Park Dr., Suite 500, Cary, NC 27518

Associated Urologists of North Carolina, Clayton, NC

Phone (appointments): 919-863-9424 | Phone (general inquiries): 919-863-9424

Address: 95 Springbrook Avenue, Suite 109, Clayton, NC 27520

Associated Urologists of North Carolina, Dunn, NC

Phone (appointments): 910-892-1068 | Phone (general inquiries): 910-892-1068

Address: 700 Tilghman Drive, Suite 702, Dunn, NC 28334

Associated Urologists of North Carolina, Raleigh, NC

Phone (appointments): 919-758-8677 | Phone (general inquiries): 919-758-8677

Address: 3821 Ed Drive, Raleigh, NC 27612

Associated Urologists of North Carolina, Wake Forest, NC

Phone (appointments): 919-758-8677 | Phone (general inquiries): 919-758-8677

Address: 110 Capcom Ave, Suite 201, Wake Forest, NC 27587

4.8 / 5

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