NOTICE OF PRIVACY PRACTICES

Effective Date: October 16, 2025

Provider: CareNexus Professional Service Corporation

Our Commitment to Your Privacy
CareNexus respects your privacy and is committed to protecting your health information. This Notice explains how we may use and disclose your Protected Health Information (PHI) and your rights under the Health Insurance Portability and Accountability Act (HIPAA).

How We May Use and Disclose Your Information
We may use and share your PHI for the following purposes without additional written consent:
- **Treatment:** To coordinate your care and share information with other healthcare providers involved in your treatment.
- **Payment:** To bill you or your insurance company for services rendered.
- **Healthcare Operations:** To improve quality, train staff, and manage business operations.
- **Legal Requirements:** When required by law, such as reporting abuse, responding to court orders, or public health reporting.
- **Emergencies and Safety:** To prevent serious threats to health or safety.
- **Business Associates:** With contractors or vendors who assist us under signed confidentiality agreements.

Other uses or disclosures—such as marketing, sale of PHI, or sharing psychotherapy notes—require your **written authorization**. You may revoke that authorization in writing at any time.

Your Rights Regarding Your Health Information
You have the right to:
- **Access:** Review or receive a copy of your medical record, usually within 30 days.
- **Amend:** Request corrections to inaccurate or incomplete information.
- **Restrictions:** Request limits on how we use or disclose your information (though we may not be required to agree).
- **Confidential Communications:** Request we contact you in a specific way (for example, at a different address or phone number).
- **Accounting of Disclosures:** Request a list of certain disclosures made outside of treatment, payment,

or operations.
- **Receive a Copy of This Notice:** You can request a paper or electronic copy at any time.

Our Responsibilities
- We are required by law to maintain the privacy of your PHI and provide you this Notice.
- We must follow the terms of this Notice currently in effect.
- We will notify you in the event of a breach that may have compromised your information.
- We may update this Notice at any time and will post the new version on our website and in our client portal.

Telehealth and Electronic Communication
CareNexus uses secure, HIPAA-compliant technology for telehealth visits and messaging. However, electronic communications (such as email or text) may carry inherent privacy risks. You may opt out of electronic communications at any time.

Complaints and Contact Information
If you believe your privacy rights have been violated, you may file a complaint with:
CareNexus Privacy Officer
Email: privacy@carenexushealth.com
Address: [Insert Business Address]
Or with the U.S. Department of Health and Human Services, Office for Civil Rights.
(No retaliation will occur for filing a complaint.)

Acknowledgment of Receipt
By signing electronically or continuing care through CareNexus, you acknowledge that you have received, read, and understood this Notice of Privacy Practices.