

Notice of Privacy Practices

Care by Alex, PLLC

NOTICE OF PRIVACY PRACTICES

Effective Date: 03/31/2025

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.

OUR LEGAL DUTY

Care by Alex, PLLC is committed to protecting your privacy. We are required by law to:

- Maintain the privacy of your protected health information (PHI),
 - Provide you with this Notice of our legal duties and privacy practices,
 - Notify you in the event of a breach of your unsecured PHI, and
 - Follow the terms of this Notice.
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HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI for the following reasons:

1. Treatment

To provide and coordinate your care with other providers, specialists, pharmacies, or laboratories.

2. Payment

To bill you, your insurance company, or a third party for services provided.

3. Healthcare Operations

To evaluate the quality of care, train staff, perform audits, or conduct business management.

4. With Your Written Authorization

We must obtain your written permission for uses and disclosures not listed in this Notice (e.g., marketing, sale of your information). You may revoke your authorization at any time in writing.

5. As Required by Law

We may disclose your PHI without your permission for reasons including but not limited to:

- Public health activities (e.g., reporting communicable diseases),
 - Reporting abuse, neglect, or domestic violence,
 - Health oversight activities (e.g., audits, licensure),
 - Judicial and administrative proceedings,
 - Law enforcement requests,
 - Serious threats to health or safety,
 - Military, national security, or workers' compensation cases.
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YOUR RIGHTS REGARDING YOUR PHI

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

1. Right to Access

You can request to view or receive a copy of your health records, in paper or electronic form. We may charge a reasonable fee for copies.

2. Right to Request Amendments

If you believe your records are inaccurate or incomplete, you may request a correction. We may deny the request with a written explanation.

3. Right to an Accounting of Disclosures

You can request a list of certain disclosures we made of your PHI (not including those for treatment, payment, or healthcare operations).

4. Right to Request Restrictions

You may ask us to limit how we use or disclose your PHI. We are not required to agree to all requests, except in cases involving disclosure to your health plan when you've paid out-of-pocket in full.

5. Right to Request Confidential Communications

You can ask us to contact you in a specific way (e.g., email only) or send mail to a different address.

6. Right to a Paper Copy of This Notice

You may request a physical copy of this Notice at any time.

TELEHEALTH & ELECTRONIC COMMUNICATIONS

Because Care by Alex, PLLC operates via telehealth, your PHI may be stored or transmitted electronically using secure platforms. We take reasonable steps to protect your data but cannot guarantee absolute security with internet-based communications.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Changes will apply to all PHI we maintain, including information obtained before the change. The most current version of this Notice will be available on our website and upon request.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, please contact us:

Care by Alex, PLLC

Email: hello@carebyalex.com

Phone: 855-305-2539

Website: <https://carebyalex.com>

You may also file a complaint with the **U.S. Department of Health and Human Services**. Filing a complaint will not affect your care or treatment.
