

Notice of Privacy Practices

Connected Health Care Systems

Effective Date: February 16, 2026

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Connected Health Care Systems is committed to protecting the privacy of your health information. Federal law requires us to maintain the privacy and security of your protected health information (PHI) and to provide you with this notice describing our legal duties and privacy practices.

This notice applies to all medical records created or maintained by our practice.

Your Rights

You have the following rights regarding your health information.

Access your medical records

You may request a copy of your paper or electronic medical record and other health information we maintain about you. We will generally provide this information within 30 days of your request. A reasonable cost-based fee may apply.

Request corrections

If you believe information in your record is incorrect or incomplete, you may request that we amend your medical record. We may deny the request in certain situations but will provide a written explanation if we do.

Request confidential communication

You may request that we contact you in a specific way (for example, at a particular phone number or mailing address). We will accommodate reasonable requests.

Request limits on how we use or share your information

You may ask us not to use or disclose certain health information for treatment, payment, or healthcare operations. While we will consider all requests, we are not required to agree to every request.

If you pay for a service out-of-pocket in full, you may request that we not share that information with your health insurer for payment or operational purposes unless required by law.

Receive a list of disclosures

You may request an accounting of certain disclosures of your health information made by our practice within the previous six years.

Receive a copy of this notice

You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically.

Choose someone to act for you

If you have designated someone as your medical power of attorney or legal representative, that person may exercise your rights and make decisions regarding your health information, as permitted by law.

File a complaint

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

How We May Use and Share Your Health Information

We may use and disclose your health information for the following purposes.

Treatment

We may use and share your health information with other healthcare professionals involved in your care.

Example: A physician may review your medical history to guide treatment decisions.

Healthcare operations

We may use your information to operate our practice, improve patient care, and manage administrative activities.

Example: Reviewing medical records to improve care quality.

Payment

We may use or disclose your information to obtain payment for services.

Example: Sending information to a health insurance company to process a claim.

Other Permitted Disclosures

Federal law allows us to disclose health information in certain situations, including:

- Public health activities
- Reporting suspected abuse, neglect, or domestic violence
- Preventing serious threats to health or safety Health oversight activities
- Law enforcement requests
- Workers' compensation claims
- Compliance with court orders or legal processes

These disclosures are permitted or required by law.

Uses Requiring Your Permission

We will not use or disclose your health information for the following purposes without your written authorization:

- Marketing purposes
- Sale of your health information
- Certain uses of psychotherapy notes

You may revoke your authorization at any time in writing.

Our Responsibilities

Connected Health Care Systems is required by law to:

- Maintain the privacy and security of your protected health information
 - Notify you if a breach occurs that may compromise your information
 - Follow the privacy practices described in this notice
 - Provide you with a copy of this notice upon request
 - We will not use or share your information other than as described here unless you give us written permission.
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Changes to This Notice

We may update this Notice of Privacy Practices from time to time. Updated notices will apply to all health information we maintain and will be available in our office and upon request.

Questions or Complaints

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

Privacy Officer

Connected Health Care Systems

Phone: 317-200-3840

Email: chcsindy@gmail.com

You may also file a complaint with the:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue SW

Washington, DC 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa