

Effective Date: June 18, 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.

Health Optimization is committed to protecting the privacy of your medical information. This Notice describes how we may use and disclose your Protected Health Information (PHI), your rights regarding your PHI, and our legal obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable state laws.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of our legal duties and privacy practices.
- Notify you following a breach of unsecured PHI when required by law.
- Follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare.

Examples include:

- Evaluating your medical condition.
- Ordering laboratory tests.
- Reviewing laboratory results.
- Consulting with other healthcare providers.
- Sending prescriptions electronically to your chosen pharmacy or a designated compounding pharmacy.

Payment

We may use and disclose your PHI to obtain payment for healthcare services.

Examples include:

- Billing insurance companies.
- Collecting payment for self-pay services.
- Verifying insurance eligibility.
- Processing payment through secure payment processors.

Healthcare Operations

We may use and disclose PHI for activities necessary to operate our practice, including:

- Quality improvement
- Staff training
- Credentialing
- Licensing
- Compliance reviews
- Risk management
- Audits
- Business planning

Business Associates

Certain vendors perform services on our behalf, including:

- Electronic medical record providers
- Telemedicine technology providers
- Billing services
- Payment processors
- Information technology providers

These organizations are required by law and contract to appropriately safeguard your PHI.

Appointment Reminders and Communications

We may contact you by:

- Telephone
- Email
- Secure patient portal
- SMS/text messaging (when authorized)

These communications may include:

- Appointment reminders
- Prescription notifications
- Laboratory reminders
- Administrative messages

Individuals Involved in Your Care

With your permission, or when otherwise permitted by law, we may disclose relevant medical information to family members, caregivers, or other persons involved in your care.

Public Health and Legal Requirements

We may disclose PHI when required or permitted by law, including:

- Public health reporting
- Reporting abuse or neglect
- FDA reporting
- Court orders
- Law enforcement requests
- Workers' compensation
- National security activities
- Health oversight agencies

Research

We may disclose PHI for approved research only when authorized by law or with your written authorization when required.

Uses Requiring Your Written Authorization

Except as described above, we will obtain your written authorization before using or disclosing your PHI for purposes such as:

- Marketing (when authorization is required)
- Sale of PHI
- Most psychotherapy notes

You may revoke your authorization at any time in writing unless action has already been taken in reliance upon it.

Your Rights

You have the right to:

Access Your Records

Request to inspect or receive a copy of your medical records.

Request an Amendment

Request correction of information you believe is inaccurate or incomplete.

Request Confidential Communications

Request that we communicate with you in a specific manner or at a specific location.

Request Restrictions

Request restrictions on certain uses or disclosures of your PHI.

While we are not required to agree to every request, we will comply when required by law.

Receive an Accounting of Disclosures

Request a list of certain disclosures made outside of treatment, payment, and healthcare operations.

Obtain a Paper or Electronic Copy

You may request another copy of this Notice at any time.

Telemedicine Privacy

Telemedicine services are provided using secure technologies designed to protect patient privacy.

Prior to each visit:

- Patient identity is verified.
- Patient location is confirmed.
- Appropriate consent is obtained.
- The encounter is documented within the electronic medical record.

Electronic Communications

Although we use reasonable safeguards to protect electronic communications, no method of electronic transmission is completely secure.

Patients who choose to communicate electronically acknowledge the inherent risks associated with electronic communications.

Our Legal Duties

Health Optimization is required to:

- Protect the privacy of your PHI.
- Limit uses and disclosures to those permitted by law.
- Maintain appropriate administrative, technical, and physical safeguards.
- Comply with applicable federal and state privacy laws.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us.

Health Optimization

Email: mail@jordynolivernp.com

Website: <https://jordynolivernp.com>

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights

You will not be retaliated against for filing a complaint.

Changes to This Notice

Health Optimization reserves the right to revise this Notice at any time. Any revised Notice will apply to all protected health information maintained by the practice and will be posted on our website with an updated effective date.