

## **Notice of Privacy Practices (NPP)**

**Effective Date:** 19-03-2026

### **1. Introduction**

Reconnect Inc. (“Reconnect,” “we,” “our,” or “us”) is committed to protecting the privacy and security of your health information. This Notice describes how we may use and disclose your Protected Health Information (PHI) and your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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### **2. What Is Protected Health Information (PHI)?**

PHI includes information that identifies you and relates to your past, present, or future physical or mental health, healthcare services, or payment for healthcare.

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### **3. How We May Use and Disclose Your Information**

#### **A. For Treatment**

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

Example: Sharing information with healthcare providers involved in your care.

#### **B. For Payment**

We may use your PHI to bill and receive payment for services.

Example: Sharing information with insurance providers.

#### **C. For Healthcare Operations**

We may use PHI to improve our services, train staff, and ensure quality.

Example: Internal audits and quality assurance.

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### **4. Other Permitted Uses and Disclosures**

We may also use or disclose your PHI without your authorization in the following situations:

- **As Required by Law**
- **Public Health Activities** (e.g., disease control)
- **Health Oversight Activities**

- **Judicial and Administrative Proceedings**
  - **Law Enforcement Purposes**
  - **Serious Threats to Health or Safety**
  - **Workers' Compensation Claims**
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## **5. Uses Requiring Your Authorization**

We will not use or disclose your PHI for the following without your written permission:

- Marketing purposes
- Sale of your PHI

@erYou may revoke your authorization at any time in writing.

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## **6. Your Rights Regarding Your PHI**

You have the right to:

### **A. Access Your Information**

Request copies of your PHI in electronic or paper format.

### **B. Request Corrections**

Ask us to correct inaccurate or incomplete information.

### **C. Request Restrictions**

Request limits on how we use or disclose your PHI.

### **D. Confidential Communications**

Request communication in a specific way (e.g., email vs. mail).

### **E. Accounting of Disclosures**

Request a list of disclosures we have made of your PHI.

### **F. Copy of This Notice**

Request a paper or electronic copy at any time.

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## **7. Our Responsibilities**

We are required to:

- Maintain the privacy and security of your PHI
  - Provide this Notice of our legal duties and privacy practices
  - Notify you in the event of a breach of your unsecured PHI
  - Follow the terms of this Notice
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## **8. Data Security**

Recornect implements administrative, technical, and physical safeguards to protect your PHI, including:

- Encryption of data in transit and at rest
  - Access controls and authentication
  - Regular security monitoring and audits
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## **9. Changes to This Notice**

We reserve the right to update this Notice at any time. Updated versions will be posted on Recornect.com with a revised effective date.

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## **10. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

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## **11. Contact Information**

### **Privacy Officer**

Recornect.com

Email: [info@recornect.com](mailto:info@recornect.com)

Address: 228 East 45th Street, Suite 9E,  
New York, NY 10017  
United States of America

Phone: +1 (315) 907 0009