Notice of Privacy Practices (NPP)

Effective Date: 19-03-2026

1. Introduction

Recornect Inc. (“Recornect,” “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

You 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
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United States of America
Phone: +1 (315) 907 0009