

Notice of Privacy Practices

LeksMD Online Urgent Care

NOTICE OF PRIVACY PRACTICES

Email: onlineurgentcare@leksmd.com

Effective Date: 08/10/2025

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.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive to provide you with quality care and to comply with legal requirements.

This Notice explains:

- How we may use and share your protected health information (PHI)
- Your rights regarding your PHI
- Our obligations regarding the use and disclosure of your PHI

We are required by law to:

- Keep your PHI private
- Give you this Notice describing our privacy practices
- Follow the terms of the Notice currently in effect

We may change the terms of this Notice at any time. If we do, the new Notice will apply to all information we maintain. The revised Notice will be available upon request, in our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment, Payment, or Healthcare Operations

We may use and share your PHI without written authorization for treatment, payment, or healthcare operations. For example:

- **Treatment:** Consulting with another provider about your care or sending a prescription to your pharmacy.
- **Payment:** Processing payment for your services.
- **Operations:** Reviewing the quality of care we provide.

Other Permitted or Required Uses Without Your Authorization

We may also use or disclose your PHI without your written authorization in these situations:

- As required by federal, state, or local law
- To prevent or control disease, report births/deaths, or report abuse or neglect
- For health oversight activities such as audits or investigations
- For judicial or administrative proceedings in response to a valid order
- For law enforcement purposes as required by law
- To coroners, medical examiners, or funeral directors as needed
- For organ donation purposes
- To avert a serious threat to health or safety
- For workers' compensation claims as allowed by law

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We will not use or disclose your PHI for purposes not described in this Notice unless you give us written authorization. You may revoke your authorization at any time in writing, except where we have already acted in reliance on it.

We will not use your PHI for:

- Marketing purposes without your written permission
 - The sale of your PHI
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IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

1. **Request Limits on PHI Use/Disclosure** – You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree to all requests.
 2. **Request Restrictions for Services Paid in Full** – If you pay for a service entirely out-of-pocket, you can ask us not to share information about that service with your health plan.
 3. **Choose How We Contact You** – You can request communication by specific means (phone, email, mailing address).
 4. **Inspect and Get Copies of Your PHI** – You may request an electronic or paper copy of your medical record. We will provide it within 30 days, and may charge a reasonable fee.
 5. **Request a List of Disclosures** – You may request an accounting of disclosures of your PHI for up to the past 6 years, excluding those for treatment, payment, or operations.
 6. **Request Amendments to Your PHI** – You may ask us to correct or add to your PHI. If we deny the request, we will provide a written reason.
 7. **Get a Paper Copy of This Notice** – You may request a paper copy at any time.
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V. ACKNOWLEDGMENT

By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.