



FEELING ALIVE HEALTH

Notice of Privacy Practices

Effective: March 2026

FEELING ALIVE HEALTH
A service of Feeling Alive, Inc.

Our Responsibilities

We are required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of Privacy Practices, and follow the terms described herein.

This notice explains how we may use and disclose your PHI and describes your rights regarding that information.

We reserve the right to revise this Notice and make the revised Notice effective for PHI we already maintain, as permitted by law. Updated notices will be made available upon request and posted through our patient portal or website when applicable.

You may request a copy of this Privacy Policy at any time by contacting:

Privacy Officer

Lucia Obregon, APRN, FNP-C
FEELING ALIVE HEALTH
Email: info@optimalyoucare.com

How We May Use or Disclose Your Protected Health Information (PHI)

The following examples describe ways that we may use your protected health information for your treatment, payments, healthcare operations etc. but please be advised that not every use or disclosure in a particular category will be listed.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your medical care. This may include communication with:

- Other healthcare providers
- Therapists
- Pharmacies
- Laboratories
- Referring specialists

Example: Sending prescriptions to a pharmacy or ordering laboratory testing.

Electronic Communication & Safety

We use secure, encrypted platforms to store and communicate your PHI. While these platforms meet federal security standards, communications sent via standard, unencrypted SMS or personal email carry inherent privacy risks. Furthermore, electronic messaging is intended for brief clinical or administrative questions and is not appropriate for urgent or sensitive medical matters. Please allow up to 24 business hours for a response. In the event of a medical emergency, call 911 or visit the nearest emergency room immediately.

Payment

We may use PHI to obtain payment for services rendered. This may include providing necessary information for processing payments or, if applicable, insurance-related documentation.

(Note: This practice primarily operates on a cash-pay basis unless otherwise specified.)

Healthcare Operations

We may use PHI to operate and improve our practice, including:

- Quality improvement
- Scheduling
- Billing Administration
- Training
- Compliance review

Business Associates

We share PHI with trusted third-party 'Business Associates' who perform essential services for our practice. These include our Electronic Medical Record (EMR) and billing platforms, secure communication services, specialized laboratory coordinators, and supplement dispensaries. All Business Associates are contractually required to protect your information under the same safeguards required under applicable privacy and security laws.

Breach Notification

If a breach of unsecured Protected Health Information occurs that may compromise the privacy or security of your information, we will provide notification to you as required by applicable federal and state law.

We maintain administrative, technical, and physical safeguards designed to protect your information.

Practice Communications

We may use your PHI to communicate with you regarding services offered directly by our practice, appointment reminders, wellness updates, or administrative matters. We will not sell your PHI to third parties or use it for third-party marketing purposes without your specific, written authorization

as required by law. You may opt out of receiving wellness updates at any time by contacting us in writing.

Appointment Reminders

We may contact you via phone, text, email, or patient portal to remind you of appointments, lab work, or follow-ups.

Individuals Involved in Your Care

We may disclose PHI about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. For example, we may assume that if your spouse or friend is present during your evaluation, that we can disclose protected professional information to this person. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment if there is an urgent or emergent need.

Research

We will not use your PHI for research without your written authorization.

Public Health Activities

We may disclose PHI as required for:

- Disease reporting
- Adverse medication event reporting
- FDA-related reporting
- Public health monitoring

Health Oversight Activities

We may disclose PHI for audits, inspections, licensing, or investigations as required by law.

Required by Law

We will disclose PHI when required by federal, state, or local law.

Workers' Compensation

We may disclose PHI for workers' compensation claims when applicable.

Legal Proceedings

We may disclose PHI in response to court orders, subpoenas, or legal processes as required by law.

Law Enforcement

We may disclose PHI to law enforcement officials when legally required.

Your Rights Regarding Your Protected Health Information (PHI)

Access to Records

You have the right to inspect and obtain copies of your medical records. Requests must be submitted in writing. Reasonable fees may apply in accordance with federal law.

Amendment

You may request corrections to your records in writing. Requests may be denied if the information is accurate and complete.

Accounting of Disclosures

You may request a list of certain disclosures of your PHI, excluding disclosures made for treatment, payment, healthcare operations, or those authorized by you.

Requests must be in writing. Fees may apply as permitted by law.

Restriction Requests

You may request restrictions on certain uses or disclosures of your PHI. We will honor requests when legally required.

Requests must be submitted in writing.

Confidential Communications

You may request that we communicate with you in a specific manner (e.g., alternative phone number, secure email). Reasonable requests will be accommodated when possible.

Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Electronic Copy

You may request an electronic copy of your medical record when readily producible.

Complaints

If you believe your privacy rights have been violated, you may:

- Contact our office directly
- File a complaint with the U.S. Department of Health and Human Services

You will not be retaliated against for filing a complaint.