RISE CHIROPRACTIC AND WELLNESS

Notice of Privacy Practices

(330) 408-3061 · wellness@discoverrisechiro.com · discoverrisechiro.com

THIS NOTICE DESCRIBES:

- **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO EXERCISE YOUR RIGHT TO GET COPIES OF YOUR RECORDS AT LIMITED COST OR, IN SOME CASES, FREE OF CHARGE**
- **HOW TO FILE A COMPLAINT IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED**

YOU HAVE THE RIGHT TO A COPY OF THIS NOTICE, ON PAPER OR ELECTRONICALLY, AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT (330) 408-3061 OR WELLNESS@DISCOVERRISECHIRO.COM. PLEASE REVIEW IT CAREFULLY.

Our responsibilities

- We are required by law to keep your protected health information (PHI) private and secure, and to give you this notice of our legal duties and privacy practices.
- We will tell you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the practices described in this notice, and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by telling us in writing.

"Protected health information" is information that identifies you and relates to your past, present or future physical or mental health, the care you receive, or payment for that care.

How we use and share your health information

Treatment. We use and share your information to provide and coordinate your care. For example, we may share information with another doctor who is treating you or to whom you are referred.

Payment. We use and share your information to bill and get paid by you, Medicare, the VA, or another payer. For example, we give your health plan information about your visit so it can pay for your care.

Health care operations. We use and share your information to run our practice and improve care. For example, we review records for quality and to train our staff.

Reminders and communications. We may contact you by phone, text or email for appointment reminders, scheduling, billing and care-related messages. You can ask us to contact you a different way (see Your rights).

Family and friends involved in your care. We may share information with a family member, friend or caregiver involved in your care or payment, or to notify them of your location or condition. If you are present, we will give you the chance to object first. If you are not able to agree or object, such as in an emergency, we may share information if we believe it is in your best interest.

Business associates. We use outside companies for services such as scheduling, billing, communications and records. They must protect your information under a written agreement with us.

Other uses allowed or required by law

We may use or share your information without your written permission when the law allows or requires it, including:

- **As required by law,** including to the U.S. Department of Health and Human Services when it checks that we are following privacy law

- **Public health and safety,** such as preventing disease, reporting adverse reactions to products, or reporting suspected abuse, neglect or domestic violence
- **To prevent a serious threat** to someone's health or safety
- **Health oversight,** such as audits, investigations and inspections by government agencies
- **Lawsuits and legal actions,** in response to a court or administrative order, or to a subpoena when legal requirements are met
- **Law enforcement,** when legal requirements are met
- **Workers' compensation** claims
- **Coroners, medical examiners, funeral directors,** and organ and tissue donation organizations
- **Research,** when approved under privacy rules that protect your information
- **Special government functions,** such as military, veterans, national security and protective services

Uses that need your written permission

We will not do the following without your written authorization:

- Use or share your information for **marketing** paid for by a third party
- **Sell** your information
- Share **psychotherapy notes**
- Any other use or sharing not described in this notice

You may revoke an authorization at any time in writing. Revoking it stops future sharing, but cannot undo sharing already done while it was in effect.

Your rights

Get a copy of your records, at limited cost or, in some cases, free. You may look at or get a copy of your medical and billing records, on paper or electronically. You may also ask us to send an electronic copy of your records to a person or app you choose. Ask in writing, by email, the patient portal or at the front desk. We will respond within 15 days, or tell you in writing if we need up to 30 more days. **We do not charge for looking at or copying your records.**

Ask us to correct your records. If you believe information in your record is wrong or incomplete, you may ask us to correct it in writing. If we say no, we will tell you why in writing, and you may file a statement of disagreement.

Ask for confidential communications. You may ask us to contact you a certain way, such as only by mobile phone, or at a different address. We will agree to reasonable requests and won't ask why.

Ask us to limit what we use or share. You may ask us not to use or share certain information for treatment, payment or operations, or not to share it with family or friends. We are not required to agree, except in this case: if you pay for a service in full out of pocket and ask us not to share it with your health plan, we will agree unless the law requires us to share it.

Get a list of those we've shared with. You may ask for a list of the times we shared your information in the 6 years before your request, who we shared it with, and why. The list won't include sharing for treatment, payment, operations, or sharing you authorized. There is no charge for this list.

Get a copy of this notice. You may ask for a paper copy at any time, even if you received it electronically.

Discuss this notice. You may discuss this notice, or any question about your privacy, with our Privacy Officer at (330) 408-3061 or wellness@discoverrisechiro.com.

Choose someone to act for you. If you have given someone medical power of attorney, or someone is your legal guardian, that person can exercise your rights. We will confirm their authority first.

Be notified of a breach. We will notify you if a breach affects your unsecured health information.

How to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer at (330) 408-3061 or wellness@discoverrisechiro.com.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue S.W., Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Changes to this notice

We may change this notice, and the changes will apply to all information we have about you. The new notice will be available at our office, on our website, and by request.

Effective date: December 8, 2026. This notice replaces the Notice of Patient Privacy Policy effective January 1, 2025.