HIPAA Notice of Privacy Practices

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.

Questions? Contact our Office

Darling Chiropractic and Massage PC
327 Northeast 5th Avenue , Camas, WA 98607

Our Obligations

We are required by law to: (1) maintain the privacy of your protected health information (PHI); (2) provide you with this Notice; (3) follow the terms of the current Notice; and (4) notify you promptly if a breach of your unsecured PHI occurs.

How We May Use and Disclose Your Health Information

We may use and disclose your Health Information without written authorization for the following purposes. All other uses require your written authorization, which you may revoke in writing at any time.

Treatment, Payment, and Health Care Operations (TPO).

We may use and disclose your Health Information to provide and coordinate your medical care (e.g., sharing records with a specialist); to bill and collect payment from you, your insurer, or another payer; and to manage our practice and ensure quality care, including evaluating the quality of obstetric or gynecologic services you receive.

Other Permitted Uses and Disclosures.

We may also use or disclose Health Information, to the extent permitted or required by law, for the following purposes:

- **Appointment reminders, treatment alternatives, and health-related benefits or services.**
- **Individuals involved in your care or payment, such as family members, or for disaster relief notification.**
- **Research, subject to a special approval process and applicable legal protections.**
- **As required by federal, state, or local law.**
- **To avert a serious and imminent threat to health or safety.**
- **To business associates who perform services on our behalf, under written confidentiality agreements.**
- **Organ and tissue donation organizations.**
- **Military command authorities or foreign military authorities, if applicable.**
- **Workers' compensation or similar programs.**
- **Public health activities (e.g., disease reporting, abuse reporting, product recalls).**
- **Health oversight agencies for audits, investigations, inspections, and licensure.**
- **Judicial and administrative proceedings, in response to a court order or lawful process.**
- **Law enforcement, in response to legal process or as otherwise permitted by law.**
- **Coroners, medical examiners, and funeral directors.**
- **National security, intelligence, and protective services for authorized federal officials.**
- **Correctional institutions or law enforcement, if you are an inmate or in custody.**

Uses and Disclosures Requiring Your Written Authorization.

We will not use or disclose your Health Information without your written authorization for: (1) psychotherapy notes; (2) marketing purposes; or (3) any sale of Health Information. You may revoke any such authorization in writing at any time.

Substance Use Disorder (SUD) Records — Additional Protections

If we receive or maintain records related to your treatment, diagnosis, or referral for a substance use disorder, those records are subject to heightened federal protections under 42 CFR Part 2, in addition to HIPAA.

- **Consent required:** Unlike general PHI, SUD Records generally cannot be used or disclosed for treatment, payment, or health care operations without your written consent. You may provide a single written consent covering all future TPO uses and disclosures.
- **Legal proceedings restriction:** SUD Records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order issued after notice and an opportunity to be heard, as provided in 42 CFR Part 2.
- **No re-disclosure:** Recipients of your SUD Records are prohibited from re-disclosing them unless permitted by federal law or your written consent.
- **Your rights:** You have the same privacy rights for your SUD Records as for other Health Information, including the rights described below.

Your Rights

- **Inspect and copy your records:** You have the right to inspect and copy your medical and billing records (excluding psychotherapy notes) used to make decisions about your care, including the right to receive an electronic copy if records are maintained electronically. Submit a written request to our Privacy Officer.
- **Amend your records:** You may request that we amend incorrect or incomplete Health Information by submitting a written request to our Privacy Officer.
- **Accounting of disclosures:** You may request a list of certain disclosures we have made for purposes other than TPO or where you provided authorization. Submit a written request to our Privacy Officer.
- **Request restrictions:** You may request restrictions on how we use or disclose your Health Information. We are not required to agree — except that if you pay out-of-pocket in full for a service and request we not share that information with your health plan, we must honor that restriction. Submit a written request to our Privacy Officer.
- **Confidential communications:** You may request that we communicate with you in a specific way or at a specific location (e.g., by mail only, or at your work address). Submit a written request to our Privacy Officer.
- **Paper copy of this Notice:** You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **Breach notification:** You have the right to be notified in writing within 60 days if a breach of your unsecured PHI occurs.

Changes to This Notice

We reserve the right to change this Notice and apply revised terms to all Health Information we hold. A current copy is posted in our office. The effective date appears at the top of this Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights (www.hhs.gov/ocr/privacy/hipaa/complaints, 1-800-368-1019). You will not be penalized for filing a complaint.

Acknowledgment of Receipt

By signing below, I acknowledge receipt of this Notice of Privacy Practices and the opportunity to review its contents.

Patient Signature	Date	Printed Name