

# Tri-County Clinic of Chiropractic

Notice of Privacy Practices

Effective Date: May 27, 2026

**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.**

## Our Commitment to Your Privacy

Tri-County Clinic of Chiropractic (“we,” “our,” or “us”) is committed to protecting the privacy and confidentiality of your protected health information (PHI). This Notice describes how we may use and disclose your PHI to carry out treatment, payment, and healthcare operations, and for other purposes permitted or required by law. It also describes your rights regarding your PHI.

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this Notice describing our legal duties and privacy practices
- Notify you following a breach of unsecured protected health information
- Abide by the terms of the Notice currently in effect

## How We May Use and Disclose Your Protected Health Information

The following describes the ways we may use and disclose PHI about you without your authorization. Not every use or disclosure in each category is listed; however, all permitted uses and disclosures fall within one of the categories.

### Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes communication among chiropractors, therapists, and other healthcare providers involved in your care. For example, we may share information about your spinal condition with a physical therapist or your primary care physician to coordinate treatment.

### Payment

We may use and disclose your PHI to bill and collect payment for the services we provide. For example, we may share information with your health insurance plan, Medicare, Medicaid, or another payer to determine eligibility, obtain prior authorization, submit claims, or appeal denials.

### Healthcare Operations

We may use and disclose your PHI to support the business activities of our practice. These activities include quality assessment, employee review, staff training, licensing, business management, and general administrative activities. For example, we may use information to review treatment outcomes or to train staff.

### **Appointment Reminders and Health-Related Communications**

We may contact you to provide appointment reminders, follow-up communications, or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you by phone, email, SMS text message, or mail using the contact information you have provided.

### **Other Permitted and Required Uses and Disclosures**

We may also use or disclose your PHI without your authorization in the following circumstances, as permitted or required by law:

**Required by Law.** When required by federal, state, or local law.

**Public Health Activities.** To public health authorities for disease prevention, injury reporting, child abuse or neglect reporting, FDA-regulated product safety, and similar public health purposes.

**Victims of Abuse, Neglect, or Domestic Violence.** To appropriate authorities when we reasonably believe a person is a victim of abuse, neglect, or domestic violence, as permitted or required by law.

**Health Oversight Activities.** To health oversight agencies for activities authorized by law, including audits, investigations, inspections, and licensure or disciplinary actions.

**Judicial and Administrative Proceedings.** In response to a court or administrative order, subpoena, discovery request, or other lawful process, when proper assurances regarding the request have been provided.

**Law Enforcement.** To law enforcement officials as required by law, in response to court orders or subpoenas, to identify or locate a suspect, fugitive, material witness, or missing person, or in other circumstances permitted by law.

**Coroners, Medical Examiners, and Funeral Directors.** To assist in identifying a deceased person, determining cause of death, or carrying out duties as authorized by law.

**Organ and Tissue Donation.** To organ procurement organizations to facilitate donation and transplantation.

**Research.** For approved research projects, subject to a special review process and applicable legal protections.

**Serious Threat to Health or Safety.** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public, consistent with applicable law and ethical standards.

**Workers' Compensation.** To comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Military and Veterans.** If you are a member of the armed forces, as required by military command authorities.

**National Security and Intelligence.** To authorized federal officials for national security activities authorized by law.

**Inmates.** To correctional institutions or law enforcement officials having lawful custody of you, as permitted by law.

**Business Associates.** To third parties that perform services on our behalf (such as billing, IT, or legal services). These business associates are contractually required to safeguard your PHI.

## Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. Specifically, the following uses and disclosures require your written authorization:

- **Marketing communications** — except for face-to-face communications and promotional gifts of nominal value, which do not require authorization under HIPAA
- **Sale of PHI** — we do not sell your PHI
- **Most uses and disclosures of psychotherapy notes** (if applicable)
- **Other uses** not specifically described in this Notice

You may revoke any authorization you provide at any time, in writing, except to the extent that we have already taken action in reliance on it.

### Advertising and Audience Targeting

With your separate written authorization (collected at intake), we may use certain limited contact information (name, email, phone number) in a securely hashed and encrypted format with advertising platforms such as Google Ads and Meta. **We do not share information about your health condition, diagnosis, treatment, appointments, or any other protected health information with advertising platforms.** You may withdraw this authorization at any time by contacting our office.

## Your Rights Regarding Your Protected Health Information

You have the following rights regarding the PHI we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI contained in a designated record set, such as your medical and billing records. We may charge a reasonable cost-based fee for copies. We may deny your request in certain limited circumstances, and you may have the right to have such denial reviewed.

**Right to Request Amendment.** You have the right to request that we amend PHI that you believe is incorrect or incomplete. We are not required to agree to your request, and we may deny it if we did not create the information or if we believe the information is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, healthcare operations, and certain other activities.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you. We are not required to agree to your request, except that we will agree to restrict

disclosure to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and the PHI pertains solely to a healthcare item or service for which you have paid out of pocket in full.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at work or only by mail. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request, even if you previously agreed to receive it electronically.

**Right to Be Notified of a Breach.** You have the right to be notified following a breach of your unsecured PHI.

**Right to File a Complaint.** You have the right to file a complaint if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. See "Complaints" below for instructions.

To exercise any of these rights, please submit a written request to our office at the address below.

## Changes to This Notice

We reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI we maintain. If we make a material change, we will post the revised Notice in our office, on our website, and provide copies upon request. The effective date of the current Notice is shown at the top of this document.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with us:

### **Tri-County Clinic of Chiropractic**

Attn: Privacy Officer  
3620 N Everbrook Ln, STE C  
Muncie, IN 47404  
Phone: (765) 896-5155  
Email: [office@tricountychiroclinic.com](mailto:office@tricountychiroclinic.com)

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights:

### **U.S. Department of Health and Human Services**

Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775  
Web: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

**We will not retaliate against you for filing a complaint.**

## Contact for More Information

If you have questions about this Notice or wish to exercise any of your rights, please contact our Privacy Officer:

**Tri-County Clinic of Chiropractic**

Attn: Privacy Officer

3620 N Everbrook Ln, STE C

Muncie, IN 47404

Phone: **(765) 896-5155**

Email: **office@tricitychiroclinic.com**

# Tri-County Clinic of Chiropractic

## Acknowledgment of Receipt of Notice of Privacy Practices

Effective May 27, 2026

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By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices for Tri-County Clinic of Chiropractic. I understand that the Notice describes how my protected health information may be used and disclosed and how I can obtain access to this information.

Patient Name (Printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority  
(e.g., parent, legal guardian, healthcare proxy)

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### Office Use Only

*If the patient declined or was unable to sign, document the good faith effort made to obtain acknowledgment and the reason it was not obtained. HIPAA requires this documentation be retained.*

Good Faith Effort By: \_\_\_\_\_

Reason Not Signed: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_