

Cornerstone Chiropractic Health Partners

804 N. 16th St.

Montevideo, MN 56265

Telephone: 320-269-3211

NOTICE OF PRIVACY PRACTICES

Effective Date: September 24, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

This Notice takes effect September 24, 2026, will remain in effect until we replace it, and supersedes all previous versions. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes.

Before we make a material change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. We will also post our current Notice prominently in our office and, if we maintain a website that provides information about our services, on that website.

For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your health information to a physician or other health care provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Health Care Operations: We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, and other activities permitted by law that are necessary to operate our practice.

Your Authorization: In addition to our use of your health information for treatment, payment, or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Unless you give us a written authorization, we will not use or disclose your health information except as permitted or required by law and as described in this Notice.

Certain uses and disclosures require your written authorization, including most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes when authorization is required by law, and disclosures that constitute a sale of your health information. We will obtain your written authorization when required by law.

To Your Family and Friends: We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, when you agree to the disclosure, have an opportunity to object and do not object, or when otherwise permitted by law.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures.

In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization, except as otherwise permitted by law.

Required by Law: We may use or disclose your health information when we are required to do so by law. Any disclosure required by law will be limited to the information required by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, as permitted by law. We may also disclose health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others, as permitted by law.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose health information to a correctional institution or law enforcement official having lawful custody of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders, such as voicemail messages, text messages, email, postcards, or letters.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will provide the information in the form and format you request if it is readily producible in that form and format, or, if not, in a mutually agreed alternative format.

You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice.

We will charge only fees permitted by applicable federal and Minnesota law. Minnesota law may limit or prohibit fees in certain circumstances.

Disclosure Accounting: You have the right to receive a list of certain instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations, and certain other activities, for the last 6 years.

If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement except as permitted or required by law, including in an emergency.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service, as required by law.

You may also opt out of any fundraising communications if we send such communications.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Personal Representative: You have the right to have a personal representative exercise your rights regarding your health information on your behalf when that person has legal authority to act for you. We will verify the person's authority before allowing the person to exercise your rights.

Notification of Breach: You have the right to be notified following a breach of your unsecured protected health information as required by applicable law.

Paper Copy: You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice.

You also may submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. You may contact the Office for Civil Rights at:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Telephone: 1-877-696-6775

You may also obtain information about filing a complaint from the HHS Office for Civil Rights.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

CONTACT INFORMATION

Privacy Contact Officer: Dr. Samuel Gunlogson

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