HIPAA Notice of Privacy Practices

STANLICK CHIROPRACTIC

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Murfreesboro, TN 37129

Phone: (615) 907-7400

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.

If you have any questions about this Notice, please contact our Privacy Contact: Dr. Mitch Stanlick at (615) 907-7400.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected health information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office at (615) 907-7400 and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment. We will also post the current notice on our website (stanlickchiropractic.com) and in our office.

This notice is effective as of February 16, 2026.

1. Uses and Disclosures of Protected Health Information

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the practice, and for any other use required by law.

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form. Once you have consented to the use and disclosure of your PHI for treatment, payment, and health care operations by signing the consent form, your physician will use or disclose your PHI as described in this section.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. Your PHI may be provided to a physician to whom you have been referred to ensure that

the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a procedure may require that your relevant PHI be disclosed to the health plan to obtain approval for the procedure.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

We may share your PHI with third-party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Special Rules for Substance Use Disorder (SUD) Records

If we create, receive, maintain, or transmit records about your substance use disorder treatment that are protected under 42 CFR Part 2 (referred to as "Part 2 records"), these records are subject to additional protections. We may use and disclose Part 2 records only with your written consent for treatment, payment, and health care operations, or as otherwise permitted by law (e.g., for audits, public health reporting, or emergencies). A single consent can cover multiple future uses and disclosures for treatment, payment, and health care operations. Once disclosed, the recipient may redisclose the information in accordance with HIPAA, and it may no longer be protected by Part 2. We will not use Part 2 records against you in legal proceedings without your consent or a court order. If you have questions about Part 2 records, contact our Privacy Contact.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. 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.

Disaster Relief: We may disclose your PHI to disaster relief organizations to coordinate notifications about your location, general condition, or death.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Marketing and Sale of PHI: We will not use your PHI for marketing purposes or sell your PHI

without your written authorization, except for certain face-to-face communications or promotional gifts of nominal value.

Fundraising: We may use or disclose your demographic information and dates of treatment for fundraising activities. Each fundraising communication will include a clear and conspicuous opportunity to opt out of receiving further fundraising communications. If you do not want to receive these materials, please contact our Privacy Contact at (615) 907-7400 or in writing.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information, such as for the purpose of controlling disease, injury, or disability.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose your PHI to a public health authority authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose PHI for law enforcement purposes, such as pertaining to victims of a crime or to avert a serious threat to health or safety.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to funeral directors as necessary to carry out their duties.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we

believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities.

Workers' Compensation: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of the Privacy Rule.

2. Your Rights

Following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. You may request an electronic copy if the information is maintained electronically. We will provide access or copies within 30 days of your request (or within 10 working days as required by Tennessee law). Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Additionally, you have the right to restrict disclosures to your health plan if you pay for the services out-of-pocket in full. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request, except for the out-of-pocket restriction to health plans. If your physician agrees to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed for emergency treatment. Please discuss any restriction you wish to request with your physician. You may request a restriction in writing to Stanlick Chiropractic at 241 West Northfield Blvd., Suite B, Murfreesboro, TN 37129.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment, or health care

operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

You have the right to be notified of a breach. We will notify you if there is a breach of your unsecured PHI.

Genetic Information: We will not use or disclose genetic information for underwriting purposes.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, Dr. Mitch Stanlick, at (615) 907-7400 for further information about the complaint process.

We take our HIPAA privacy policies very seriously and will do our utmost to comply with these laws. Our complete privacy policy will be available to all of our patients upon request.

The federal government has passed the Health Insurance Portability and Accountability Act ("HIPAA") to protect your Personal Health Information ("PHI"). HIPAA took effect on April 14, 2003, with subsequent updates, including alignment with 42 CFR Part 2 effective February 16, 2026.

To comply with HIPAA, our office has developed policies regarding:

1. Who may have access to your PHI.
2. How we will maintain privacy of physical patient charts, records, and x-rays, including access and storage.
3. Privacy of computer records, electronic claims, and fax transactions.
4. Disclosure of PHI.
5. How we may contact patients by written or oral communication.
6. Patient access to their own PHI and requests to amend such information.
7. Discarding or destruction of patient records/information.