Notice of Privacy Practices

Your Rights & Our Responsibilities

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 (TPO) 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" is information about you, including demographic information that may identify you and that relates to your past, present or future physical health condition and related health care services. **Please review it carefully.**

Your Rights

Request a copy of your medical record

Upon request, we will supply you with a ***Request to Inspect or Copy Patient Information*** form (Patient Records Request form). The form contains the contact information of our compliance officer, and any related fees for copying your records. NOTE: Portions of an Electronic Health Record (if applicable) may be available via an on-line portal or other healthcare exchange. This will be noted in the request form. We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable fee for cost of labor, postage, and supplies associated with your request (in compliance with state and federal laws regarding medical records request). We may not charge you a fee if you require your medical information for a claim for benefits under the Social Security Act or any other state or federal benefit program.

Request correction of your medical record

Upon request, we will supply you with the ***Request to Amend Patient Record*** form. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request; our response will be in writing within 30 days.

Request confidential or alternative communication

Request that we communicate with you about medical matters in a certain way. For example, you can ask that we only contact you at work or by email. You must make your request in writing to our privacy officer/compliance officer; a Request for ***Alternative Communications*** form will be provided upon request.

Ask us to limit or restrict the information we share

You may list individuals who are involved in your care and authorize disclosure of your PHI; a ***PHI Use and Disclosure Authorization*** form will be provided. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance carrier. You must make your request in writing to our compliance officer; a ***Request to Restrict Disclosure to Health Plan*** form will be provided upon request. We will say yes unless a law requires us to share that information.

NOTE: When Part 2 programs share your SUD information, they must include either your consent form or a clear description of what you agreed to share and what is allowed for redisclosure. Counseling or therapy notes need their own separate consent.

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Choose someone to act on your behalf
If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Receive a list of those with whom we have shared your information
You have the right to request an accounting of disclosures of your health information made by us. We are not required to list certain disclosures, including disclosures made for treatment, payment, and health care operations (TPO). You must submit your request in writing. A ***Request for Accounting of Disclosure*** form will be provided upon request. In turn you will receive a ***Response to Request for Disclosure*** form. The first accounting of disclosure request within a 12-month period will be at no cost. Additional request within that time period, will result in a charge based on the reasonable costs for providing accounting of disclosures. *
*For Part 2 (SUD) program records, the accounting of disclosures must meet the requirements of 45 CFR 164.528(a)

Receive notice of a breach
We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of your unsecured Protected Health Information as soon as possible, but in any event, no later than 30 days following the discovery of the breach (unless another law is more stringent).

File a complaint
If you believe your privacy rights have been violated, you may file a complaint with our compliance officer; we will supply you with a ***HIPAA Complaint*** form upon request (form contains the name of our compliance official and his/her contact information). You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: https://www.hhs.gov/hipaa/filing-a-complaint/index.html We will not retaliate against you for filing a complaint.

Your Choices

You choose whom to disclose PHI
You have the choice to tell us to share information with your family and friends about your condition. You can choose to disclose your health information when disaster relief organizations seek your health information to coordinate your care. Note: If you are unable to communicate your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

Your permission is required in these circumstances
We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization. We will refrain from sharing psychotherapy notes unless the law requires.

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Our Uses & Disclosures

This section lists ways in which we may use or disclose your information:

Healthcare Treatment

- Plan your care and treatment, including preauthorization and pre-certification. Example: A health plan requests a treatment plan for authorization of care.
- Communicate with other providers such as referring physicians. Example: A doctor treating you for a chronic condition asks our clinic about your recent acute injury.
- Billing and coordination of payment for services with health plan administrator.
- Quality and outcome assessments for improvement of care we render.
- Contracted third-party business associates for services, such as answering services, transcriptionists, AI assisted record keeping, compliance consultants, and legal counsel.
- Communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our practice is participating.
- We may contact you about fundraising efforts, but you can request us to remove you from any contact list.

Public Health and Safety Issues

- Product recalls.
- Reporting suspected abuse, neglect, or domestic violence.
- Reporting disease or other required data in compliance with state and federal laws.
- Communicating with healthcare exchanges and networks according to federal and state laws with regards to Right of Access and interoperability regulations.

Compliance with the Law

- Department of Health and Human Services investigations for complying with federal privacy laws.
- For special government functions such as military, national security, and presidential protective services.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions such as a court order, subpoena, warrant, summons, or similar process if authorized under state or federal law.
- If you become deceased, we may disclose health information to an executor or administrator of your estate to the extent that person is acting as your personal representative. To include communication with medical examiner and or funeral director (if applicable).

In all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

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Our Responsibilities

- If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information.
- We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than 30 days following the discovery of the breach (unless state law is more stringent)
- To provide you with notice, such as this Notice of Privacy Practices and abide by the terms of our most current Notice of Privacy Practices.
- Notify you if we are unable to agree to the requested restriction.

Changes to the Terms of this Notice
We reserve the right to change our practices and to make the new provisions effective for all your health information that we maintain.

Should our information practices change, a revised Notice of Privacy Practices will be available upon request. We will not use or disclose your health information without your authorization, except as described in our most current Notice of Privacy Practices. If you have limited proficiency in English, you may request a Notice of Privacy Practices in Spanish

Effective Date: 05/01/2026

Compliance Officer Contact Information:

Meghan Hutsell
Office : 574-773-4423

This notice applies to the following organization (s) and location (s):

Hutsell Chiropractic, P.C.
Hutsell Functional Health & Chiropractic
301 North Main Street
Nappanee, IN 46550

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