

Your Rights (continued)

Get a list of those we have shared with. You may ask for a list of the times we shared your information in the six years before your request, who we shared it with and why. The list will not include disclosures for treatment, payment or operations, disclosures you authorized, and certain others. We will respond within 60 days. The first list in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests.

Get a copy of this notice. You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you. If someone has your medical power of attorney or is your legal guardian, that person can exercise your rights and make choices about your health information.

Be notified of a breach. We will notify you if a breach occurs that may have compromised the privacy or security of your information.

File a complaint. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer (Office Manager) by calling (513) 428-9355 or writing to us at the address on this notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; by calling 1-877-696-6775; or at www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

How to Make a Request

Requests for copies, corrections, limits, confidential communications or a list of disclosures must be made in writing. Ask our front desk for the form or call our Privacy Officer at (513) 428-9355.

Uses Requiring Your Permission

We will not use or share your information for the following without your written authorization: most uses of psychotherapy notes; marketing, except face-to-face communications or promotional gifts of nominal value; and the sale of your health information. Any other use or disclosure not described in this notice will be made only with your written authorization.

You may revoke an authorization in writing at any time. Revoking it will stop future disclosures, but it will not affect information already shared while the authorization was in effect.

Redisclosure. Information we disclose as allowed by this notice may be redisclosed by the person who receives it and may then no longer be protected by federal privacy law.

Changes to This Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The current notice will be posted in our office and on our website, and a copy is available on request.

Questions or Concerns

Privacy Officer: Office Manager

Spine and Wellness Cincinnati
7809 Laurel Ave, Suite 11, Cincinnati, OH 45243
(513) 428-9355

Effective Date: November 1, 2026

Replaces the notice dated September 8, 2016.

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.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information, to give you this notice of our legal duties and privacy practices, to notify you following a breach of unsecured health information, and to follow the terms of the notice currently in effect.



SPINE AND WELLNESS
CINCINNATI

SpineWellnessCincinnati.com
513-428-9355 | 513-271-9355
7809 Laurel Ave, Suite 11
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How We Use and Share Your Health Information

We may use and share your health information for treatment, payment and health care operations. The examples below are not a complete list.

Treatment. We use and share your information to provide and coordinate your care, for example, with your primary care physician, an imaging center, a laboratory or a specialist we refer you to. Some care is provided in open treatment areas, where conversations may be overheard; please ask if you would prefer a private room.

Payment. We use and share your information to bill and receive payment from you, your health plan, Medicare, or an auto or workers' compensation insurer. For example, a claim may include your diagnosis and the services provided.

Health care operations. We use and share your information to run our practice and improve care, for example, to review the quality of our services, train and evaluate staff, and meet licensing, legal and accounting requirements.

Students and observers. Health care students occasionally shadow and observe care in our office. They are required to keep your information confidential, and you may ask that a student not be present during your visit.

Appointment reminders. We may contact you by phone, voicemail, text message or email with appointment confirmations and reminders, and to tell you about treatment options or services we offer. You may opt out at any time by replying STOP to a text or using the unsubscribe link in an email.

Business associates. We share information with vendors that perform services for us, such as scheduling, text messaging, online intake forms, billing, laboratory and technology services. They must sign an agreement to protect your information.

Family and friends. With your agreement, or if you do not object, we may share information with a family member, friend or other person involved in your care or payment for your care. If you are unable to agree, such as in an emergency, we may share information if we believe it is in your best interest.

Other Uses and Disclosures Allowed by Law

We may also use or share your information without your written authorization in the following situations, as permitted or required by law:

Required by law. When federal, state or local law requires it.

Public health and safety. To prevent or control disease, injury or disability; report suspected abuse, neglect or domestic violence; report reactions to medications or problems with products to the FDA; and prevent a serious threat to anyone's health or safety.

Health oversight. To agencies such as the Ohio State Chiropractic Board or Medicare for audits, investigations, inspections and licensing.

Lawsuits and legal actions. In response to a court or administrative order, subpoena or other lawful process.

Law enforcement. For law enforcement purposes, such as identifying or locating a suspect, witness or missing person, or reporting a crime on our premises.

Workers' compensation. For workers' compensation or similar programs for work-related injuries.

Coroners and funeral directors. To coroners, medical examiners and funeral directors as needed to carry out their duties.

Organ and tissue donation. To organizations that handle organ, eye or tissue donation.

Research. For research approved through a process that protects your privacy, as allowed by law.

Special government functions. For military, veterans, national security and protective services, and to correctional institutions or law enforcement custodians for individuals in custody.

Stricter laws. Where Ohio or other law gives certain information greater protection, such as HIV test results or mental health records, we will follow the stricter law.

Substance use disorder records. If we receive substance use disorder treatment records from a program covered by federal law (42 CFR Part 2), those records, or testimony relaying their content, will not be used or shared in civil, criminal, administrative or legislative proceedings against you unless you give written consent or a court orders it after you or the record holder receive notice and an opportunity to be heard, as provided in 42 CFR Part 2. A court order must be accompanied by a subpoena or other legal requirement compelling disclosure.

Your Rights

Although your health record is the physical property of Spine and Wellness Cincinnati, the information in it belongs to you. You have the following rights.

Get a copy of your records. You may ask to see or get a paper or electronic copy of your medical and billing records, or ask us to send a copy to another person. Your request must be in writing. We will respond within 30 days; if we need more time, we will tell you in writing why and when we will respond (no more than 30 additional days). We may charge a reasonable, cost-based fee. In limited cases we may deny your request, and we will explain why in writing and how to have the denial reviewed.

Ask us to correct your records. You may ask us to correct information you believe is incorrect or incomplete. Your request must be in writing. We will respond within 60 days. We may say no, but we will tell you why in writing, and you may submit a statement of disagreement.

Request confidential communications. You may ask us to contact you in a specific way or at a specific place, for example, only on your cell phone or by mail to a different address. We will say yes to all reasonable requests and will not ask you why.

Ask us to limit what we use or share. You may ask us to limit how we use or share your information for treatment, payment or operations. We are not required to agree, except: if you pay for a service in full out of pocket and ask us not to share that information with your health plan, we will agree unless the law requires us to share it. If we agree to a limit, we will honor it except in an emergency.