STOW FAMILY CHIROPRACTIC

Notice of Privacy Practices

Effective Date: October 8, 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.

Questions? Contact our Privacy Officer, Melissa Mazzone, at 978.897.1770.

Our Obligations

Stow Family Chiropractic is required by law to: (1) maintain the privacy of your protected health information ("health information"); (2) give you this Notice of our legal duties and privacy practices; (3) follow the terms of the Notice currently in effect; and (4) notify you if a breach of your unsecured health information occurs.

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your written authorization for the purposes below. Any other use or disclosure requires your written authorization, which you may revoke in writing at any time.

Treatment, Payment, and Health Care Operations

Treatment: to provide and coordinate your care among our doctors and staff, and with other providers involved in your care (for example, sharing records with your primary care physician or a specialist).

Payment: to bill and collect payment from you, your insurance company, or another payer, including through our payment processor.

Health care operations: to run our practice and ensure quality care, including quality review, staff training, and business planning.

Communicating With You

We may contact you by phone, text message, or email, based on the preferences you provide, to remind you of appointments, follow up on missed appointments or overdue care, notify you of balances due, and share information about treatment options and health-related services we offer. Appointment and account messages are sent through SolutionReach, our automated patient communication system.

Other Permitted Uses and Disclosures

We may also use or disclose your health information, as permitted or required by law:

- To family members, friends, or others involved in your care or payment for your care, or for disaster relief notification.
- To business associates who perform services on our behalf under written agreements requiring them to protect your information.
- As required by federal, state, or local law.
- To prevent or lessen a serious and imminent threat to the health or safety of you or others.
- For public health activities, such as disease reporting, reporting suspected abuse or neglect, and product recalls.
- To health oversight agencies for audits, investigations, inspections, and licensure.
- In judicial and administrative proceedings, in response to a court order or other lawful process.
- To law enforcement, in response to legal process or as otherwise permitted by law.
- For workers' compensation or similar programs.
- To coroners, medical examiners, and funeral directors.
- To organ and tissue donation organizations.
- For research, subject to a special approval process and applicable legal protections.
- To military authorities, if you are a member of the armed forces.
- For national security, intelligence, and protective services for authorized federal officials.
- To correctional institutions or law enforcement, if you are an inmate or in lawful custody.

Information we disclose as permitted by HIPAA may be re-disclosed by the recipient and may no longer be protected by HIPAA.

Where Massachusetts law gives your information greater protection than federal law (for example, HIV test results or genetic information), we follow the more protective law.

Uses and Disclosures Requiring Your Written Authorization

We will not use or disclose your health information for marketing purposes, sell your health information, or use or disclose psychotherapy notes without your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

Substance Use Disorder (SUD) Records

If we receive or maintain records related to your diagnosis, treatment, or referral for a substance use disorder from a federally assisted program, those records are protected by federal law (42 CFR Part 2) in addition to HIPAA:

- **Consent:** SUD records generally may not be used or disclosed for treatment, payment, or health care operations without your written consent. You may give a single consent covering all future treatment, payment, and health care operations uses.
- **Legal proceedings:** SUD records, or testimony about their contents, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order, after you have been given notice and an opportunity to be heard.
- **Re-disclosure:** Recipients of your SUD records may not re-disclose them except as permitted by federal law or your written consent.
- **Your rights:** You have the same rights for SUD records as for your other health information, described below.

Your Rights

To exercise any of the rights below, submit a written request to our Privacy Officer.

- **Get a copy of your records:** You may inspect or get a copy of your health and billing records, including an electronic copy of records we keep electronically. We may charge a reasonable, cost-based fee.
- **Ask us to correct your records:** You may ask us to amend health information you believe is incorrect or incomplete. We may say no, but will tell you why in writing.
- **Get a list of disclosures:** You may request a list of certain disclosures we have made, other than for treatment, payment, health care operations, or those you authorized.
- **Ask us to limit what we use or share:** You may ask us to restrict certain uses or disclosures. We are not required to agree, except that if you pay for a service out of pocket in full and ask us not to share that information with your health plan, we will honor that request unless the law requires us to share it.
- **Request confidential communications:** You may ask us to contact you in a specific way (for example, by mail only) or at a specific location. We will accommodate reasonable requests.
- **Choose someone to act for you:** If someone is your legal guardian or holds your health care proxy, that person may exercise your rights.
- **Get a paper copy of this Notice:** You may request a paper copy at any time, even if you agreed to receive it electronically.
- **Be notified of a breach:** You will be notified in writing if a breach of your unsecured health information occurs.

Changes to This Notice

We may change this Notice, and the changes will apply to all health information we hold. The current Notice is posted in our office and on our website, and a copy is available at the front desk at any time. The effective date appears at the top of this Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/complaints or 1-800-368-1019. We will not retaliate against you for filing a complaint.

Privacy Officer Contact

Melissa Mazzone, Privacy Officer
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