NOTICE OF PRIVACY PRACTICES

Levinson Family Chiropractic
646 Portage Trail, Cuyahoga Falls, OH 44221
(330) 928-3420 | lfc646@yahoo.com

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.

You have the right to discuss this notice with our privacy contact, Dr. John Connery, at (330) 928-3420 or lfc646@yahoo.com.

Our Responsibilities

We are required by law to keep your health information private, to give you this notice, and to follow the terms of the notice currently in effect. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

How We Use and Share Your Health Information

Treatment. We use your information to care for you and may share it with other providers who are treating you.

Payment. We use and share your information to bill and get paid by your insurance company or other payers.

Health care operations. We use your information to run our office, improve care, and train staff.

Appointment reminders. We may contact you by phone, text, mail, or email to remind you of appointments.

Family and friends. We may share information with a family member, friend, or other person involved in your care or payment for your care, unless you tell us not to.

Parents and guardians. For minors, we generally share information with a parent or legal guardian as the child's personal representative, as allowed by Ohio law.

Other Ways We May Share Your Information

We may share your information without your written permission when the law allows or requires it, including:

- To comply with state or federal law
- For public health and safety, such as reporting suspected abuse or neglect, or preventing a serious threat to someone's health or safety
- For health oversight activities, such as audits and licensing
- In response to a court order, subpoena, or other legal process
- For law enforcement purposes

- For workers' compensation claims, including the Ohio Bureau of Workers' Compensation
- To coroners or medical examiners
- For special government functions, such as military or national security
- With business associates who perform services for us, such as our billing clearinghouse, who must also protect your information

When We Need Your Written Permission

We will not use or share your information for marketing purposes, and we will never sell your information, unless you give us written permission. Requests from attorneys, insurance companies, and other third parties for copies of your records require your signed authorization.

Your Rights

Get a copy of your records. You can see or get a copy of your health records. Looking at your records in our office is free. Copies are available at limited cost or, in some cases, free of charge. We will respond as soon as possible and no later than 15 calendar days after we receive your request. Our current fees are posted in our office and on our website.

Ask us to correct your records. You can ask us to correct information you think is wrong or incomplete. We may say no, but we will tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way or at a different address. We will say yes to all reasonable requests.

Ask us to limit what we use or share. You can ask us not to use or share certain information. We are not required to agree. If you pay for a service in full out of pocket, you can ask us not to share that information with your health insurer, and we will agree unless the law requires us to share it.

Get a list of those we have shared information with. You can ask for a list of the times we have shared your information in the six years before your request, who we shared it with, and why. This does not include treatment, payment, operations, or disclosures you authorized. One list per year is free.

Get a paper copy of this notice. You can ask for a paper copy at any time.

Choose someone to act for you. If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights.

Complaints

If you believe your privacy rights have been violated, you can contact Dr. John Connery at (330) 928-3420 or lfc646@yahoo.com. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201, by calling 1-800-368-1019, or online at www.hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

Changes to This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available in our office and on our website.

Effective Date: November 24, 2026