



HIPAA 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.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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.

You have the right to:

Access your medical record

You may request an electronic or paper copy of your medical record and other health information we maintain about you. Copies or summaries are typically provided within 30 days of your request. A reasonable, cost-based fee may apply. You may also request that we transmit a copy of your health information directly to another person or entity you designate, where technically feasible.

Request corrections

You may ask us to correct health information you believe is inaccurate or incomplete. If we deny your request, we will provide a written explanation within 60 days.

Request confidential communications

You may ask us to contact you in a specific way (for example, home vs. mobile phone) or at a different address. Reasonable requests will be honored.

Request limits on use or disclosure

You may ask us not to use or share certain information for treatment, payment, or healthcare operations. We are not required to agree unless you have paid out-of-pocket in full for a service and request that information not be shared with your health insurer.

Receive an accounting of disclosures

You may request a list of certain disclosures we have made, other than for treatment, payment, or healthcare operations, during the six years prior to your request. One accounting per year is provided at no charge.

Obtain a copy of this Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Designate a representative

If you have granted medical power of attorney or have a legal guardian, that person may exercise your rights once appropriate documentation is provided.

File a complaint

You may file a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Contact:

Bray Chiropractic & Wellness, LLC
drbray@braychiro.com
(203) 303-4760

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by visiting www.hhs.gov/ocr or calling 1-800-368-1019.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share, including:

- Sharing information with family members, friends, or others involved in your care
- Sharing information in emergency or disaster relief situations
- Sharing limited information when you are present at the clinic, unless you object

If you are unable to communicate your preference, we may share information if we believe it is in your best interest or necessary to reduce a serious threat to health or safety.

We will **never** share your health information without your written authorization for:

- Marketing purposes
- Sale of your health information

HOW WE MAY USE OR SHARE YOUR HEALTH INFORMATION

We may use or share your health information to:

- Provide treatment, including coordination with other healthcare providers
- Operate our practice, including administrative, operational, and quality improvement activities
- Bill and collect payment from insurers or responsible parties

We may also disclose your information as permitted or required by law, including for:

- Public health and safety activities
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Workers' compensation claims
- Law enforcement or legal proceedings
- Medical examiner or funeral director purposes
- Organ and tissue donation
- National security or protective services

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information
- Use or disclose only the minimum necessary information to accomplish the intended purpose, except where otherwise permitted or required by law

- Notify you promptly if a breach occurs that may compromise your information
- Follow the terms of this Notice

We will not use or disclose your health information in any manner not described in this Notice unless authorized by you in writing.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Changes will apply to all health information we maintain. The revised Notice will be available upon request and posted where required. This Notice is effective as of **January 01, 2026**.

Client Signature	
By signing below, I acknowledge that I have received and reviewed the HIPAA Notice of Privacy Practices for Bray Chiropractic & Wellness, LLC .	
X	
Print name:	Date: