

NOTICE OF PRIVACY PRACTICES

O'Dell Family Chiropractic

28245 Southfield Road

Lathrup Village, MI 48076

Phone: 248-552-1110

Effective Date: February 14, 2026

Last Revised: February 14, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

O'Dell Family Chiropractic is required by law to maintain the privacy and security of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices. We are required to follow the terms of this Notice currently in effect.

1. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your chiropractic care, including examination findings, X-rays and diagnostic imaging, care plans, communication with other healthcare providers, and referrals.

B. Payment

We may use and disclose your PHI to obtain payment for services rendered, including submitting claims to insurance carriers, verifying coverage, and billing or collections activities.

C. Healthcare Operations

We may use and disclose PHI for practice operations, including quality assessment, staff training, licensing and compliance activities, and business management.

2. SUBSTANCE USE DISORDER (SUD) RECORDS

O'Dell Family Chiropractic is not a Substance Use Disorder treatment program under 42 CFR Part 2. However, if we receive records protected under 42 CFR Part 2 from a federally assisted SUD treatment program, those records are subject to additional federal protections and will not be disclosed without written consent, except as permitted by law. Unauthorized disclosure may be subject to criminal penalties.

3. OTHER PERMITTED OR REQUIRED DISCLOSURES

We may disclose your PHI without authorization as required by law, for public health reporting, health oversight activities, judicial proceedings, law enforcement purposes, workers' compensation claims, or to prevent a serious threat to health or safety.

4. USES AND DISCLOSURES REQUIRING AUTHORIZATION

We will obtain written authorization for marketing communications where required by law, sale of PHI, most disclosures of psychotherapy notes, disclosure of SUD records protected under 42 CFR Part 2, and any use not described in this Notice. You may revoke authorization in writing at any time.

5. ELECTRONIC COMMUNICATIONS

We may communicate with you via phone, voicemail, text message, or email for appointment reminders, billing, or care-related matters. You may request alternative communication methods at any time.

6. YOUR RIGHTS

You have the right to inspect and obtain copies of your records, request amendments, request an accounting of disclosures, request restrictions, request confidential communications, and receive a paper copy of this Notice. You also have the right to receive notification of a breach of unsecured PHI.

7. OUR RESPONSIBILITIES

We are required to maintain the privacy and security of your PHI, provide this Notice, abide by its terms, and notify you in the event of a breach. We reserve the right to revise this Notice at any time.

8. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer: Christa O'Dell

O'Dell Family Chiropractic

28245 Southfield Road

Lathrup Village, MI 48076

Phone: 248-552-1110

Email: christaodell@sbcglobal.net

You may also file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.