

COOPER CHIROPRACTIC CENTER FOR HEALTH & WELLNESS

4001 Main St., Vancouver, WA Ste 200 | 360-693-3030 | cooper-chiro.com

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.

Effective Date: April 12, 2026

Our Legal Duty

We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of Privacy Practices, and to abide by the terms of this Notice currently in effect. We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain. If we make a material change to our privacy practices, we will post the revised Notice in our office and on our website.

How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your PHI. Not every use or disclosure will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

Treatment, Payment, and Healthcare Operations

- **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. For example, your health information may be shared with other providers involved in your treatment, such as a specialist or physical therapist to whom we refer you.
- **Payment:** We may use and disclose your PHI to obtain payment for services provided to you. For example, we may submit claims to your health insurance company and include PHI necessary for reimbursement.
- **Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations, including quality assessment, staff training, compliance activities, and business management.

Other Uses and Disclosures Permitted Without Your Authorization

- **As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law.
- **Public Health Activities:** We may disclose PHI to public health authorities for activities authorized by law, such as reporting communicable diseases, injuries, or reactions to medications.
- **Health Oversight Activities:** We may disclose PHI to government agencies for oversight activities authorized by law, including audits, investigations, and inspections.

- **Judicial and Administrative Proceedings:** We may disclose PHI in response to a court order, subpoena, or other lawful process.
 - **Law Enforcement:** We may disclose PHI for certain law enforcement purposes, including reporting certain types of wounds or injuries, or to identify or locate a suspect.
 - **Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine cause of death.
 - **Research:** Under certain circumstances, we may disclose PHI for medical research purposes, subject to appropriate safeguards.
 - **Serious Threats to Health or Safety:** We may use or disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
 - **Workers' Compensation:** We may disclose PHI as authorized by and to the extent necessary to comply with Washington State workers' compensation laws.
 - **Appointment Reminders and Healthcare Alternatives:** We may contact you to remind you of appointments or to inform you of treatment alternatives or health-related benefits and services.
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Uses and Disclosures Requiring Your Written Authorization

All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. This includes, but is not limited to:

- Most disclosures of psychotherapy notes
- Marketing communications
- Sale of your PHI
- Disclosures not otherwise permitted by law

You may revoke any written authorization at any time by submitting a written request to our Privacy Officer. Your revocation will not apply to uses or disclosures already made in reliance on your prior authorization.

Your Rights Regarding Your Health Information

You have the following rights regarding your PHI. To exercise any of these rights, please submit a written request to our Privacy Officer at the contact information below.

- **Right to Inspect and Copy:**
- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI that we maintain in a designated record set, including your medical and billing records. We may charge a reasonable fee for copying. We may deny your request under certain limited circumstances.
- **Right to Request Amendment:** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances. If we deny your request, you may submit a written statement of disagreement.

- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of your PHI, other than disclosures made for treatment, payment, or healthcare operations, or disclosures made with your authorization.
 - **Right to Request Restrictions:** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request unless the restriction relates to disclosure to your health plan for a service you have paid for in full out-of-pocket.
 - **Right to Request Confidential Communications:** You have the right to request that we communicate your PHI with you by alternative means or at an alternative location (e.g., contact you at a different phone number or address). We will accommodate reasonable requests.
 - **Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
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How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services (HHS). You will not be retaliated against for filing a complaint.

To file a complaint with us, contact our Privacy Officer:

Privacy Officer: Kim Sloan

Cooper Chiropractic Center for Health & Wellness

4001 Main St., Vancouver, WA

Phone: 360-693-3030

Email: kim@cooper-chiro.com

To file a complaint with HHS, visit: www.hhs.gov/ocr/privacy/hipaa/complaints

Questions About This Notice

If you have questions about this Notice or our privacy practices, please contact our Privacy Officer using the information above.

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