TOTAL HEALTH CHIROPRACTIC, LLC

DBA Total Health Wellness Center

566-A Union Avenue, Bridgewater, NJ 08807

NOTICE OF PRIVACY PRACTICES (Effective Date: 9/2/2026)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Total Health Chiropractic, LLC, doing business as **Total Health Wellness Center**, is required by law to maintain the privacy and security of your protected health information (PHI). This Notice describes how we may use and disclose your health information, explains your rights regarding that information, and describes our legal responsibilities.

YOUR RIGHTS

Get a Copy of Your Health Records

You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We will provide a copy or summary of your health information as required by law. We may charge a reasonable, cost-based fee as permitted by law.

Ask Us to Correct Your Health Records

You may ask us to correct health information about you that you believe is incorrect or incomplete. We may deny your request under certain circumstances, but if we do, we will explain the reason to you in writing as required by law.

Request Confidential Communications

You may ask us to contact you in a specific way, such as at your home, office, or mobile telephone number, or to send mail to a different address. We will accommodate reasonable requests as required by law.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or our healthcare operations. We are generally not required to agree to your request. If we agree to a restriction, however, we will comply with it as required by law. If you pay for a healthcare service or item **in full out-of-pocket**, you may ask us not to disclose information about that service to your health plan for purposes of payment or healthcare operations. We will honor that request unless disclosure is required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures we have made of your health information during the period permitted by law. The accounting generally does not include disclosures for treatment, payment, healthcare operations, or certain other disclosures excluded by law. We will provide one accounting within a 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests during the same 12-month period.

Get a Copy of This Notice

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

Choose Someone to Act for You

If you have given someone medical power of attorney, if someone is your legal guardian, or if another person is otherwise legally authorized to act on your behalf, that person may exercise your rights and make choices regarding your health information as permitted by law. We may verify that the individual has the appropriate legal authority before taking action.

File a Complaint

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

Privacy Officer/Contact Person: *Office Manager*

Total Health Wellness Center

566-A Union Avenue, Bridgewater, NJ 08807

Phone: 908-231-8088

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what we disclose.

When applicable, you may tell us whether you want us to:

- Share information with family members, close friends, or others involved in your care or payment for your care;
- Share information in a disaster-relief situation; or
- Contact you for certain fundraising activities, if we conduct such activities.

If you are unable to tell us your preference, such as during an emergency or if you are incapacitated, we may disclose information when we determine that doing so is in your best interest and is permitted by law.

We may also disclose information when necessary to lessen a serious and imminent threat to health or safety as permitted by law. For certain purposes, including most marketing activities and the sale of protected health information, we will obtain your written authorization when required by law.

OUR USES AND DISCLOSURES

We typically use or disclose your health information in the following ways:

Treatment

We may use your health information and disclose it to other healthcare professionals who are treating you.

Example: We may provide relevant information to another physician or healthcare provider involved in your treatment.

Payment

We may use and disclose your health information to bill and obtain payment for services provided to you.

Example: We may provide information to your health insurance carrier so it can process and pay a claim for your treatment.

Healthcare Operations

We may use and disclose your health information to operate our practice, improve the quality of care we provide, and contact you when necessary.

Example: *We may use health information to review the quality of services provided by our doctors and staff*.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may also use or disclose your health information as permitted or required by law for purposes that may include:

- Public health and safety activities;
- Reporting suspected abuse, neglect, or domestic violence when required or permitted by law;
- Preventing or reducing a serious threat to health or safety;
- Health oversight activities;
- Workers' compensation claims;
- Responding to lawsuits, legal proceedings, court orders, subpoenas, or other lawful process;
- Law-enforcement purposes when permitted or required by law;
- Coroners, medical examiners, and funeral directors;
- Organ and tissue donation;
- Certain research activities permitted by law;
- Compliance with other federal and state laws; and
- Other purposes specifically permitted or required by applicable law.

SUBSTANCE USE DISORDER RECORDS

Certain records relating to substance use disorder treatment may receive additional protections under federal law.

When we receive or maintain records that are protected by **42 CFR Part 2**, we will use and disclose those records only as permitted by applicable federal law.

Records protected by Part 2, or testimony describing the contents of such records, generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient unless the patient provides specific written consent or a court order authorizes the use or disclosure in accordance with applicable law.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the privacy practices described in the Notice currently in effect;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law; and
- Comply with applicable federal and state privacy laws.

We will not use or disclose your information for purposes other than those described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law.

If you provide written authorization, you may revoke that authorization in writing at any time, except to the extent that we have already acted in reliance upon it.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and our privacy practices as permitted by law. Any revised Notice may apply to health information we already maintain as well as information we receive in the future.

The current Notice will be available at our office and, if applicable, on our website as required by law.

You may request a paper copy of the current Notice at any time.

QUESTIONS OR ADDITIONAL INFORMATION

If you have questions about this Notice or our privacy practices, please contact:

Privacy Officer/Contact Person: Office Manager

Total Health Wellness Center

566-A Union Avenue

Bridgewater, NJ 08807

Phone: 908-231-8088

(Effective Date: 09/02/2026)