

Notice of Privacy Practices

This Notice explains how your medical records may be used or shared and details how you can access this information. Please review these terms carefully.

This Notice is effective on February 16, 2026.

I. Who We Are

This Notice describes the privacy practices of Imperium Chiropractic, SC.

II. Our Privacy Commitment

Protecting your personal health information (PHI) is a long-standing priority for us. Under both state and federal law, we are obligated to safeguard your medical data and provide this explanation of our privacy protocols. We are committed to following the standards described in this notice (or any version currently in effect). We adhere to the most stringent privacy protections available, whether dictated by federal or state regulations.

We reserve the right to modify our privacy policies at any time. Any changes will apply to all health data we maintain. Updated notices will be made available to you.

III. When We May Use and Disclose Your Health Information With Your Written Authorization

Use or Disclosure with Your Authorization. For any use or disclosure not outlined below, we must obtain your written authorization.

Marketing. We will not sell your health data or use it for third-party marketing purposes without your prior consent. We can provide you with marketing materials in a face-to-face encounter. We may contact you regarding treatment options, care coordination, or health-related services.

Uses and Disclosures of Your Highly Confidential Information. State and federal laws require specific privacy protections for certain categories of highly sensitive data (“Highly Confidential Information”). This includes health information 1) maintained in psychotherapy notes; 2) information regarding the treatment of mental illness, developmental disabilities, or alcohol and drug dependence; 3) HIV test results; 4) and reports of child abuse or neglect. Except for the specific purposes described in Section IV of this notice, we will generally obtain your written authorization before using or disclosing this data. A notable exception exists where we are permitted by law to disclose Highly Confidential Information without your consent, such as sharing mental health or developmental disability treatment information with other healthcare providers currently involved in your care.

Furthermore, we provide specialized protections for the following areas in accordance with updated federal regulations:

Reproductive Healthcare: We are committed to protecting the privacy of your reproductive protected health information (PHI) and will not disclose it when requested for the purpose of investigating or penalizing individuals seeking, obtaining, or providing lawful reproductive healthcare. If disclosure is requested, we will require a signed attestation confirming it is not for such prohibited purposes. Your reproductive healthcare decisions are private, and we will take all necessary steps to protect that confidentiality.

Substance Use Disorder (SUD) Regulations: We will not disclose any substance use disorder related records without your written consent, except as permitted by law, including, for example (but without limitation), a court order or a medical emergency. You have rights regarding these records, including access, confidentiality requests, and an accounting of disclosures. In the event of a medical emergency, we may disclose patient-identifying information without your prior consent as regulated by federal law.

IV. When We May Use or Disclose Your Health Information Without Your Written Authorization

Treatment. We may use or share your health information to provide and manage your health care and related services. This includes sharing data with other healthcare providers involved in your treatment.

Payment. We may use or share your health information to secure reimbursement for the services we provide. This may involve sending bills to your insurance provider to determine coverage and eligibility.

Health Care Operations. We may need to use your health information to improve our quality of care, conduct staff training, or evaluate the performance of our health care professionals.

Disclosures to Business Associates. In order for us to carry out treatment, payment or health care operations, we may disclose your health information to persons or organizations that perform a service for us, or on our behalf, that requires the use or disclosure of individually identifiable health information. Such persons or organizations are our business associates. For example, we may disclose your health information to a collection agency to collect payment of medical bills.

Disclosures to Relatives, Close Friends and Other Caregivers. In certain limited situations, we may disclose important health information to people such as your family members, relatives, or close friends who are helping to care for you or helping you pay your medical bills. The information disclosed may include the information that we believe is directly relevant to their involvement in your care or payment for your medical bills and may include your location or general condition. We will ask you if you agree to such a disclosure, unless you are unable to function or there is an emergency. If you are unable to function or there is an emergency, we will disclose your health information if we determine it would be in your best interest.

Contacting You. We may use your health information to contact you about appointments, surveys, or other communications. We may contact you by mail, telephone, email, or text message when you provide your address, telephone number, email address, or mobile phone number. Electronic communications may not be secure. You have the right to opt out at any time from text and/or email messages by responding to the message or calling 715-532-6394.

Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Public Health Activities. As permitted or mandated by legal requirements, we may share your health data to support various public health initiatives. This includes: (1) providing information to public health agencies to assist in the prevention or management of diseases, injuries, or physical disabilities; (2) reporting data regarding products or services governed by the U.S. Food and Drug Administration (FDA); (3) notifying individuals who may have been exposed to a contagious disease or are at risk of contracting or transmitting a specific health condition; or (4) disclosing records to your employer when necessary to comply with laws governing workplace safety or the tracking of work-related illnesses and injuries.

Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence and the reporting of such information is required or allowed by law, we may disclose your health information to a governmental authority, including a social service or protective services agency.

Judicial and Administrative Proceedings. We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose your health information to the police or other law enforcement officials as required or allowed by law.

Coroners, Medical Examiners and Funeral Directors. We may disclose your health information to a coroner, medical examiner or funeral director as required or allowed by law.

Organ and Tissue Donation. We may disclose your health information to organizations that facilitate organ, eye or tissue donation, banking or transplantation.

Health or Safety. We may use or disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Specialized Government Functions. We may use and disclose your health information for authorized national security activities or to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official for certain purposes. For example, we may disclose your health information to a correctional institution to provide you with health care.

Workers' Compensation. We may disclose your health information to the extent necessary to comply with workers' compensation law or similar laws.

To Comply With the Law. We may use and disclose your health information when required to do so by any other law not already referred to in this section.

V. Your Rights Regarding Your Health Information

Right to Request Restrictions on Certain Uses and Disclosures of Your Health Information. You have the right to request specific restrictions regarding how your medical data is used or shared: (1) for our standard treatment, billing, and healthcare operations; (2) with friends or family members who assist with your care or the payment of your medical expenses; or (3) with agencies coordinated in disaster relief activities. Although we will review every request for restrictions, we are not legally obliged to grant them. To submit a request for these types of limitations, we ask you do so in writing.

Right to Request Restrictions on Disclosure of Your Health Information to a Health Plan. You have a right to request, in writing, restrictions on disclosure of your health information to a health plan if the information pertains solely to a health care item or service for which you, or someone on your behalf, has paid out-of-pocket, in full.

Right to Receive Confidential Communications of Your Health Information. We are committed to honoring any reasonable request to provide your health data through alternative methods or at different locations. For instance, you might prefer to have your billing information sent to a P.O. Box rather than your home address. We may require that you submit this request in writing for our records.

Right to Cancel Authorization to Use or Disclose Your Health Information. You have the authority to rescind any written authorization you have previously granted us, provided we have not already taken action based on that consent. To withdraw your authorization, we will request a written notification.

Right to Inspect and Copy Your Health Information. You may request access to your health information in order to review or request copies of such information. To review or obtain copies of your health information, we ask that your request be submitted in writing. We will charge you a reasonable fee for copies of your health information, which may include the cost of copying (including cost of supplies, labor and postage).

Right to Request to Correct Your Health Information. You may ask us to correct your health information. While we will consider all requests for corrections, we may deny your request for legitimate reasons (for example, if your health information is accurate and complete or we did not create the health information you believe is incorrect). To request a correction to your health information, we ask that you submit your request in writing.

Right to Receive a Record of Disclosures of Your Health Information. You may ask for a list of certain disclosures of your health information made by us, in the six years prior to the date of your request. This list must include the date of each disclosure, who received the health information disclosed, a brief description of the health information disclosed, and why the disclosure was made. This list will not include disclosures made to you, or for purposes of treatment, payment, health care operations, or for certain other purposes. If you request a list of such disclosures more than once during a twelve (12) month period, we may charge you a reasonable fee.

Right to Receive Paper Copy of this Notice. You may request a paper copy of this Notice at any time, even if you earlier agreed to receive this notice electronically.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the federal Department of Health and Human Services and us. We will not retaliate against you for filing such a complaint. To file a complaint, please contact our Privacy Office, Imperium Chiropractic, W8646 Hwy 8, Ladysmith, WI 54848. All complaints must be submitted in writing.

VII. Questions

If you have any questions about your privacy rights or the information in this Notice, you may contact our Privacy Office at 715-532-6394.

Imperium Chiropractic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, physical or mental disability, or religion.