

**Turning Point Chiropractic**  
**HIPAA Notice of Patient Privacy Policy**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

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**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Your Rights**

**Get an electronic or paper copy of your medical record**

- You can ask to inspect, photograph or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
- Under particular circumstances, this may be extended to an additional 15 days for the record request.

**Third-Party Technology Protection**

We may use third-party tools, such as website analytics or tracking technologies, to better understand how visitors use our online services. Any data collected through these tools will be managed in accordance with privacy regulations, and no personally identifiable health information will be shared without your explicit consent. We ensure that all third-party services used comply with HIPAA standards and protect your information from unauthorized access or disclosure.

**Ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.
- All reproductive health information, including details related to contraception, fertility treatments, miscarriage care, and termination services, is subject to enhanced privacy protections. This information cannot be used or disclosed for legal investigations or proceedings without the explicit written consent of the patient.

**Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except those about treatment, payment, health care operations, and certain other disclosures (such as any you ask us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) .

We will not retaliate against you for filing a complaint.

#### **Your Rights Regarding Substance Use Disorder (SUD) Records (42 CFR Part 2)**

Some of your health information, particularly records related to substance use disorder diagnosis, treatment, or referral for treatment, may be protected by a federal law known as **42 CFR Part 2**. These records receive greater privacy protection than other medical records under HIPAA.

If we create, receive, or maintain records protected by 42 CFR Part 2:

We may be limited in how we use or disclose these records for treatment, payment, or health care operations, and in some situations your written consent may be required even when HIPAA would otherwise allow sharing.

We generally may not use or disclose these records in civil, criminal, administrative, or legislative proceedings against you unless:

You provide written consent; or

A court issues an order that meets the specific requirements of 42 CFR Part 2, which includes providing you notice and an opportunity to be heard, and the order is accompanied by a subpoena or other legal requirement compelling disclosure.

#### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share your information in a disaster relief situation.
- Contact you for fundraising efforts.

*If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- If we use or disclose substance use disorder records protected by 42 CFR Part 2 for fundraising, you will have a clear and conspicuous opportunity to opt out of such communications.

#### **Our Uses and Disclosures**

How do we use or share your health information? We typically use or share your health information in the following ways.

**Treat you:**

- We can use your health information and share it with other professionals who are treating you.

*Example: a Doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization:**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
*Example: We use health information about you to manage your treatment and services. This may include chiropractic interns.*
- Sign-in sheets may be used to register for your appointment with your provider.
- Your name may be called upon when the provider is ready to see you.
- We do utilize open treatment and therapy areas. Private rooms are available; just ask.
- We may share your health information with a third-party “business associates” that for example, perform billing and/or transcription services. Your health information with a business associate also contains terms that protect your private health information.
- We may use and disclose your protected health information for internal marketing. For example, your name and address may be used to send you a newsletter regarding our practice, services, or products that may benefit you.
- If any of your records are protected by 42 CFR Part 2 (substance use disorder records), additional restrictions may apply and, in some situations, your written consent may be required before we can use or disclose those records for treatment, payment, or health care operations.

**Bill for your services:**

- We can use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

- We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. However, we must meet many conditions in the law before we can share your information for these purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues** - We can share health information about you for certain situations, such as:

- preventing disease
- helping with product recalls
- reporting adverse reactions to medications
- reporting suspect abuse, neglect, or domestic violence
- preventing or reducing a serious threat to anyone’s health or safety

**Do research:**

- We can use or share your information for health research.

**Comply with the law:**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we comply with the federal law.

**Address workers’ compensation, law enforcement, and other government requests:**

We can share health information about you:

- For worker’s compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions.**

We can share information about you:

- In response to a court or administrative order
- In response to a subpoena
- In response to a discovery request
- In response to other lawful processes

If any of your records are protected by 42 CFR Part 2, additional legal protections apply, and we generally cannot disclose those records in legal proceedings without your written consent or a qualifying court order as described above.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time/ Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice**

We can change the terms of this notice, which will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

Our HIPAA Privacy Officer Contact for Further Information

Dr. Leah Oleck  
Privacy Officer Name

920-430-0280  
Phone Number

www.turningpointgreenbay.com  
Website

You may also contact any member of our staff.  
This notice becomes effective and was published on February 16, 2026.

**I authorize contact from this office to confirm my appointments, treatment and billing information by means:**

Patient Acknowledgement Contact

<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> All of the above
<input type="checkbox"/> Email	<input type="checkbox"/> Text Message	

At this time I do not have any questions regarding my rights, and I acknowledge receipt of this privacy notice.

Patient or legal authorized individual signature

Date

Printed name of Patient