

## NOTICE OF PRIVACY PRACTICES

Georges' Chiropractic & Wellness Center

1400 Zaragosa, Suite D. El Paso, Texas 79936

Phone: 915.592.3333 · Fax: 915.592.1440

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**Effective Date: February 16, 2026**

**THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

During your care as a patient at Georges' Chiropractic & Wellness Center, we may use or disclose personal and health-related information about you in the following ways:

- **Referrals:** Your personal health information, including clinical records, may be disclosed to another healthcare provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.
- **Payment:** Your healthcare and billing records may be disclosed to another party such as an insurance carrier, HMO, PPO, or your employer, if they are responsible for the payment of your services.
- **Communications:** Your name, address, phone number, and healthcare records may be used to contact you regarding appointment confirmations (including messages left on voicemail/answering machines), information about alternatives to your present care, or other health-related information of interest.
- **Office Environment:** Your information may be visible to other patients as we utilize a **front sign-in computer** to record your arrival. We utilize **open adjusting rooms**; however, a closed adjusting room is available at your request.

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### I. MANDATORY 2026 PROTECTIONS (SUD RECORDS)

As of February 16, 2026, federal law provides enhanced protections for records originating from federally assisted substance use disorder (SUD) programs:

- **Restriction on Proceedings:** We will not use or disclose any SUD records (or testimony regarding them) in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a formal court order.
- **Breach Notification:** We are required by law to notify you promptly if there is a breach of your unsecured protected health information.

### II. USES WITHOUT CONSENT

Under federal law, we are permitted or required to disclose your information without authorization in the following circumstances:

- When providing services based on the orders of another healthcare provider or in an emergency.

- If we are required by law to provide care and are unable to obtain consent after attempting to do so.
- If there are substantial communication barriers, we believe in our professional judgment that you intend for us to provide care.
- If we are ordered by the courts or another appropriate government agency.

### III. YOUR RIGHTS

- **Inspection & Copies:** You have the right to inspect and/or copy your health information. Per updated 2026 guidelines, we aim to fulfill these requests within **15 days**.
- **Amendments:** You have the right to request an amendment to your health information in writing.
- **Restrictions:** You may request restrictions on how we use your info. If you pay for a service **out-of-pocket in full**, you have the right to restrict disclosure of that information to your health insurance plan.

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### IV. IMPORTANT DISCLOSURES

**Redisclosure Warning:** Information that we disclose based on this notice may be subject to re-disclosure by the recipient. Once shared with a third party, it may no longer be protected by federal privacy laws.

**Revocation:** You have the right to refuse authorization for us to contact you regarding office matters. This will not affect the quality of care provided to you.

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### V. CONTACT INFORMATION & COMPLAINTS

If you have concerns regarding our privacy practices, please contact:

Privacy Officer: Dr. Thomas Georges or Office Manager: Starr Sepulveda

#### ACKNOWLEDGMENT OF RECEIPT

*My signature acknowledges that I have received a copy of this 2026 Updated Notice of Privacy Practices.*

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**Name (Printed) | Signature | Date**

**IF PATIENT IS A MINOR OR REPRESENTED BY ANOTHER PARTY:**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**Representative Name | Signature | Date**