NOTICE OF PRIVACY PRACTICES

Runnerstrum Chiropractic & Nutrition, Inc.

Effective Date: 11/18/26

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.

1. Our Commitment to Your Privacy

Runnerstrum Chiropractic & Nutrition is committed to protecting the privacy and security of your health information. We are required by law to maintain the privacy of protected health information (PHI), provide this notice, notify affected individuals of breaches of unsecured PHI when required, and follow the terms of our currently effective notice. This notice applies to health information maintained in connection with the healthcare services provided by our practice.

2. How We May Use and Disclose Your Health Information

We may use or disclose your health information without separate written authorization only when required by law.

Treatment: To provide, coordinate, or manage your healthcare, including sharing relevant information with other healthcare professionals involved in your care.

Payment: To bill and collect payment for services, process insurance claims, verify benefits, and manage patient accounts.

Healthcare Operations: For quality improvement, practice administration, compliance, staff training, recordkeeping, and other permitted healthcare operations.

Appointment Reminders and Healthcare Communications: To contact you regarding appointments, follow-up care, treatment options, and other healthcare-related services, subject to applicable communication and privacy requirements.

Other Legally Permitted or Required Disclosures: We may disclose information for reporting abuse or neglect, law enforcement purposes, and other purposes authorized or required by law. Applicable legal conditions and restrictions will be followed.

We will comply with California and federal laws that provide additional protections for particular health information.

3. Uses and Disclosures Requiring Authorization

We generally must obtain **your** written authorization before using or disclosing your protected health information for purposes not otherwise permitted by law. Written authorization is generally required for marketing activities requiring HIPAA authorization; the sale of PHI; certain uses or disclosures of psychotherapy notes, if maintained; and other uses or disclosures requiring authorization under federal or California law.

You may revoke your authorization in writing at any time. Revocation does not affect actions already taken in reliance on your authorization. Information lawfully disclosed to another recipient may be redisclosed and may no longer be protected by HIPAA, although other laws may continue to apply.

4. Specially Protected Information

Certain types of health information may receive additional confidentiality protections under federal or California law. When applicable, our practice will comply with these additional requirements regarding the use and disclosure of such information.

5. Your Rights Regarding Your Health Information

Access Your Records: You may request to inspect or obtain an electronic or paper copy of your health records. We will respond within the time required by applicable federal and California law. Legally permitted fees may apply.

Request an Amendment: You may request correction of information you believe is inaccurate or incomplete. If we deny your request, we will provide an explanation as required by law.

Request Confidential Communications: You may request that we contact you at a particular telephone number, address, or through another reasonable method.

Request Restrictions: You may ask us to restrict certain uses or disclosures. We are not generally required to agree, except that we must honor qualifying requests to restrict disclosures to a health plan for payment or healthcare operations when you have paid in full out of pocket for the relevant service, unless disclosure is required by law.

Request an Accounting of Disclosures: You may request a list of certain disclosures of your information made during the preceding six years. Some disclosures are excluded under applicable law.

Receive a Paper Copy: You may obtain a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

Choose a Personal Representative: A legally authorized representative may exercise your privacy rights, subject to applicable law and identity verification.

File a Complaint: You may file a complaint if you believe your privacy rights have been violated. We will not retaliate against you.

6. Sharing Information With Family and Others

You may tell us your preferences regarding certain disclosures to family members, friends, caregivers, or others involved in your care or payment for your care. When permitted by law, we may share information relevant to their involvement. If you are unable to communicate your preferences, we may make disclosures consistent with applicable law and your best interests.

7. Electronic Records and Communications

We use electronic systems to support patient care, scheduling, billing, records management, and communications. These systems may include electronic health records, patient portals, secure document transmission, payment processing, and authorized service providers. We use safeguards required by applicable law and appropriate agreements with service providers when necessary.

Electronic communications, including email and text messages, may involve privacy risks. We follow applicable legal requirements and patient communication preferences. Optional promotional email and SMS communications are managed separately from routine patient care communications and are subject to applicable consent and opt-out requirements.

8. Our Legal Responsibilities

We are required to protect the privacy and security of your PHI; follow the terms of this notice; provide a copy upon request; notify affected individuals following breaches of unsecured PHI when required by law; and comply with applicable federal and California privacy laws.

We may change this notice and make revised terms applicable to information already maintained by the practice, as permitted by law. The current notice will be available at our office, upon request, and on our website.

9. Questions, Requests, and Complaints

HIPAA Privacy Officer — Office Manager

Runnerstrum Chiropractic & Nutrition, Inc.
104 Traffic Way, Suite B

Arroyo Grande, CA 93420
Phone: 805-481-9191
Email: hello@hfhcc.net

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; telephone 1-877-696-6775; https://www.hhs.gov/hipaa/filing-a-complaint/. We will not retaliate against you for filing a complaint.

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