

## NOTICE OF PRIVACY PRACTICES

### **Chiropractic Resonance and Integrative Nutrition, LLC**

2625 S Greeley St. #129

Milwaukee, WI 53207

Phone: 262-225-5620

Email: [info@chiroresonance.com](mailto:info@chiroresonance.com)

Website: [www.chiroresonance.com](http://www.chiroresonance.com) Effective Date: 5/1/2026

**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.**

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### **Your Rights**

You have the right to:

- Get a copy of your medical record (paper or electronic)
- Request corrections to your medical record
- Request confidential communications (e.g., contact you at a specific number)
- Ask us to limit what we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you (medical power of attorney)
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in how we use and share information, including:

- Sharing information with family or others involved in your care
- Leaving messages (voicemail, text, email) regarding appointments or care
- Use of your information for marketing purposes (we will obtain your permission when required)

### **Our Uses and Disclosures**

We may use and share your health information in the following ways:

#### **Treatment**

To provide, coordinate, or manage your care  
(e.g., sharing information with another healthcare provider)

#### **Payment**

To bill and receive payment for services  
(e.g., insurance claims, billing statements)

#### **Healthcare Operations**

To run our practice, improve care, and contact you  
(e.g., quality improvement, training)

**Other Uses and Disclosures**

We may also share your information:

- As required by law
- For public health and safety issues
- For workers’ compensation claims
- For law enforcement or legal requests
- To prevent a serious threat to health or safety

We will **not** use or share your information for purposes not described here without your written authorization.

**Our Responsibilities**

We are required to:

- Maintain the privacy and security of your health information
- Notify you promptly if a breach occurs
- Follow the duties and privacy practices described in this notice
- Not use or share your information other than as described unless you tell us we can

**Changes to This Notice**

We may update this notice at any time. The updated version will be available in our office and on our website.

**Complaints**

If you believe your privacy rights have been violated, you may contact:

**Chiropractic Resonance and Integrative Nutrition, LLC**

Phone: 262-225-5620

Email: info@chiroresonance.com

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

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received and/or been offered a copy of the Notice of Privacy Practices from Chiropractic Resonance and Integrative Nutrition, LLC.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Preferred Contact Method (check all that apply):**

Phone  Text  Email    **May we leave messages regarding your care?**  Yes  No