Notice of Privacy Practices

Effective Date: 9/1/2026

B Well Chiropractic
117 W Colby St, Ste F
Whitehall, MI 49461
Phone: 231-880-5937
Website: www.bwellchiro.com

Privacy Contact: Alexis Burkhardt

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

At B Well Chiropractic, we understand that information about your health is personal. We are committed to protecting the privacy of your protected health information ("PHI") and to using and disclosing it only as permitted by law.

This Notice of Privacy Practices describes how we may use and disclose your health information, your rights regarding your health information, and our responsibilities regarding the privacy of your information.

YOUR RIGHTS

You have certain rights regarding your protected health information.

Get a copy of your health and treatment records

You may request to inspect or obtain a copy of your protected health information that we maintain about you, subject to certain legal limitations.

You may request a copy of your records in a paper or electronic format, when available.

We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your records

You may ask us to correct health information about you that you believe is incorrect or incomplete.

We may deny your request in certain circumstances, but if we do, we will explain the reason in writing.

Request confidential communications

You may ask us to contact you in a specific way or at a specific location.

For example, you may request that we:

- Contact you at a particular telephone number;
- Contact you by mail at a particular address;
- Avoid leaving detailed voicemail messages; or
- Communicate with you through another reasonable method.

We will consider reasonable requests and will accommodate requests that we are required to accommodate under applicable law.

Ask us to limit what we use or disclose

If you pay for a service or item entirely out of pocket and request that the information concerning that service or item not be disclosed to your health plan for payment or health-care operations, we will comply with your request unless disclosure is otherwise required by law.

Mobile information and opt-in consent won't be shared with third parties or affiliates.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your protected health information made by us, subject to limitations provided by law.

Get a copy of this Notice

You may request a paper copy of this Notice at any time. You may also view or obtain the Notice through our website at:

www.bwellchiro.com

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make decisions regarding your health information, to the extent permitted by law.

We will verify that the person has appropriate authority before taking action.

File a complaint

If you believe your privacy rights have been violated, you may file a complaint with B Well Chiropractic or with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what we disclose.

You may ask us to:

- Share information with a family member, close friend, or another person involved in your care or payment for your care;
- Share information in a disaster-relief situation; or
- Communicate with you using a particular method or at a particular location.

If you are unable to express your preference, we may use our professional judgment to determine whether a disclosure is in your best interest.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your protected health information without your written authorization for purposes permitted by HIPAA and other applicable law.

Treatment

We may use or disclose your health information to provide, coordinate, or manage your chiropractic care.

For example, we may use your health information to evaluate your condition, develop a treatment plan, provide chiropractic services, or coordinate care with another health-care provider.

Payment

We may use or disclose your health information to bill and collect payment for services.

For example, we may provide information to your health insurance plan when necessary to obtain payment for services provided to you.

Health-Care Operations

We may use or disclose your health information for health-care operations.

These activities may include quality assessment, business planning, administrative activities, compliance activities, and reviewing the performance of our practice.

Appointment Reminders and Health-Related Communications

We may use your contact information to communicate with you about your health care.

This may include appointment reminders, scheduling communications, information about treatment, or information about health-related services that may be relevant to you.

B Well Chiropractic may send appointment reminders by text message to the mobile telephone number you provide to us.

We will use reasonable safeguards and limit the information included in messages. For example, a text message may identify B Well Chiropractic and provide appointment date, time, or scheduling information without including unnecessary details about your health condition.

You may request a different method of communication by contacting our office.

We will not share your information with any third parties from text messaging or opt-in consent.

Individuals Involved in Your Care

When permitted by law, we may disclose limited health information to a family member, close friend, or another person you identify who is involved in your care or payment for your care.

Required by Law

We may use or disclose your health information when required to do so by federal, state, or local law.

Public Health Activities

We may disclose health information for certain public-health activities permitted by law.

Serious Threats to Health or Safety

We may use or disclose health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by law.

Workers' Compensation

We may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation and similar programs.

Legal and Law-Enforcement Matters

We may disclose health information when permitted or required by applicable law in response to certain legal proceedings, law-enforcement requests, subpoenas, court orders, or other lawful processes.

Business Associates

We may disclose health information to individuals or organizations that perform services for B Well Chiropractic that require access to protected health information.

These individuals or organizations are known as “business associates” and are required to appropriately safeguard your information through written agreements or other arrangements as required by law.

Other Uses and Disclosures Required or Permitted by Law

We may use or disclose your health information for other purposes specifically permitted or required by HIPAA and applicable federal or Michigan law.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Most uses and disclosures of your protected health information for purposes other than those described in this Notice require your written authorization.

For example, we generally must obtain your written authorization before:

- Using or disclosing your information for marketing purposes when an authorization is required;
- Selling your protected health information; or
- Making other uses or disclosures that require authorization under applicable law.

If you provide an authorization, you may revoke it in writing at any time, except to the extent we have already relied upon the authorization.

OUR RESPONSIBILITIES

B Well Chiropractic is required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice describing our legal duties and privacy practices;
- Notify you following a breach of unsecured protected health information when required by law;
- Follow the terms of the Notice currently in effect; and
- Comply with applicable federal and Michigan privacy laws.

We reserve the right to change this Notice and make the revised Notice applicable to all protected health information we maintain.

If we make a material change to our privacy practices, we will make the revised Notice available as required by law.

The current version of this Notice will be available at our office and on our website.

FOR MORE INFORMATION OR TO FILE A PRIVACY COMPLAINT

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

Alexis Burkhardt
B Well Chiropractic
117 W Colby St, Ste F
Whitehall, MI 49461

Phone: 231-880-5937
Website: www.bwellchiro.com

You may also file a complaint with the:

U.S. Department of Health and Human Services
Office for Civil Rights

We will not retaliate against you for filing a complaint.