NOTICE OF PRIVACY PRACTICES

Geiser Spine and Rehab PLLC

Effective Date: July 16, 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.

Your Rights

Get an electronic or paper copy of your medical record

You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We generally will provide a copy or summary within the time required by law. We may charge a reasonable, cost-based fee where permitted.

Ask us to correct your medical record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in some circumstances, but we will explain the reason in writing.

Request confidential communications

You may ask us to contact you in a specific way, such as only at a certain phone number or email address, or to send communications to a different location. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or health care operations. We are not always required to agree. When you pay in full out of pocket for a service, you may ask us not to share information about that service with your health plan for payment or health care operations, unless disclosure is required by law.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the period allowed by law. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, and health care operations.

Get a copy of this notice

You may request a paper or electronic copy of this notice at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise authorized by law, that person may exercise your rights and make choices about your health information.

File a complaint without retaliation

You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. Tell us what you want us to do, and we will follow your instructions where the law permits.

- Sharing information with family members, friends, caregivers, or others involved in your care or payment for your care.
- Sharing information in a disaster-relief situation.

- Contacting you for fundraising. Geiser Spine & Rehab does not currently conduct fundraising, but you would have the right to opt out.

We will not use or disclose your health information for marketing purposes, sell your health information, or use or disclose psychotherapy notes where special authorization is required, unless you provide written authorization or another legal exception applies. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

Our Uses and Disclosures

Treat you

We may use and share your health information to provide, coordinate, or manage your care and to consult with other health professionals involved in your treatment.

Run our organization

We may use and share your health information for health care operations, including quality assessment, staff training, compliance, credentialing, business planning, customer service, and improving care.

Bill for services

We may use and share your health information to bill and obtain payment from health plans, Medicare, other payers, or responsible parties, and to provide documentation such as superbills when requested.

Communicate about care

We may contact you for appointment reminders, scheduling, follow-up, care coordination, treatment alternatives, or health-related services that may interest you. Communications may occur by phone, voicemail, text message, email, patient portal, or mail, consistent with your preferences and applicable law.

Work with business associates

We may share health information with vendors that perform services for us, such as electronic health record, scheduling, payment processing, billing, technology, document storage, or administrative support providers. When required, these vendors must protect the information under written business associate agreements.

Help with public health and safety

We may disclose health information for public health activities, reporting suspected abuse or neglect, preventing or reducing a serious threat to health or safety, or other activities authorized by law.

Comply with the law

We will disclose information when federal or state law requires it, including to the U.S. Department of Health and Human Services if it seeks to verify our compliance with federal privacy law.

Respond to organ and tissue donation requests

We may share health information with organ procurement organizations where applicable.

Work with medical examiners, coroners, and funeral directors

We may disclose health information to these persons when necessary to perform their lawful duties.

Address workers' compensation and similar programs

We may disclose health information for workers' compensation claims and similar programs as authorized by law.

Respond to legal proceedings and law enforcement

We may disclose health information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, and to law enforcement when the law permits or requires.

Government functions

We may disclose health information for military, national security, protective services, correctional institution, health oversight, or other specialized government functions when authorized by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We will notify affected individuals if a breach occurs that may have compromised the privacy or security of their unsecured protected health information, as required by law.
- We must follow the privacy practices described in the notice currently in effect.
- We will not use or share your information other than as described here unless you authorize us in writing. You may revoke that authorization in writing for future uses and disclosures.

Electronic Communications and In-Home Care

Because Geiser Spine & Rehab provides in-home services and uses electronic scheduling and communication tools, some communications may occur outside a traditional clinic setting. We use reasonable safeguards and will honor reasonable requests for more confidential communication methods. Ordinary email and text messaging may carry privacy risks. You may ask us to use another reasonable method.

Changes to This Notice

We may change the terms of this notice and make the revised notice effective for all health information we maintain, including information created or received before the change. The current notice will be available on our website and upon request.

Questions or Complaints

For questions about this notice, to exercise your privacy rights, or to file a complaint with the practice, contact:

Privacy Contact: Dr. Cole Geiser
Practice: Geiser Spine and Rehab PLLC
Phone: 330-317-6143
Email: colegeiser67@gmail.com
Website: https://geiserspineandrehab.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Information about filing a complaint is available at hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

I acknowledge that I received or was offered a copy of Geiser Spine and Rehab PLLC's Notice of Privacy Practices.

Patient Name	
Patient/Representative Signature	
Date	
If signed by representative, relationship to patient	