

NOTICE OF PRIVACY PRACTICES AND ILLINOIS BIOMETRIC INFORMATION PRIVACY ACT POLICY

Dr. Jason Godo, DC and Godo Chiropractic
3118 N. Sheffield Ave., Unit 1S
Chicago, Illinois 60657
(773) 525-0007
www.GoToGodo.com

Effective Date: February 18, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THAT INFORMATION. PLEASE REVIEW CAREFULLY.

OUR LEGAL DUTIES

We are required by law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164, and applicable Illinois law, to:

- Maintain the privacy of your Protected Health Information (PHI);
- Provide you with notice of our legal duties and privacy practices;
- Abide by the terms of this Notice currently in effect; and
- Notify you following a breach of unsecured PHI without unreasonable delay and in no case later than sixty (60) days after discovery.

PRIVACY CONTACT INFORMATION

Privacy Officer: Dr. Jason Godo
3118 N. Sheffield Ave., Unit 1S
Chicago, Illinois 60657
(773) 525-0007

HOW WE PROVIDE THIS NOTICE

This Notice is provided at your first service encounter. We make a good faith effort to obtain written acknowledgment of receipt. This Notice is posted in a clear and prominent location in our office and on our website at www.GoToGodo.com. We will make this Notice available to any person who requests it. If your first request for services is made electronically, we will provide this Notice electronically and make a good faith effort to obtain confirmation of receipt.

PERMITTED USES AND DISCLOSURES WITHOUT AUTHORIZATION

- Treatment – Coordination and management of your health care and referrals.
- Payment – Billing and collection activities involving insurers and government programs.
- Health Care Operations – Quality improvement, credentialing, auditing, compliance, accreditation, and business management.

- Individuals Involved in Care – Family or others involved unless you object.
- Public Health & Safety – Reporting abuse, neglect, communicable disease, recalls, or serious threats.
- Health Oversight – Audits, licensure reviews, and enforcement activities.
- Judicial / Law Enforcement – As required by court order or law.
- Workers' Compensation – Work-related injury claims.
- Research – With IRB approval or authorization when required.
- De-Identified Information – We may use or disclose information that does not identify you.

USES REQUIRING WRITTEN AUTHORIZATION

- Marketing communications involving financial remuneration.
- Sale of PHI.
- Any use not described in this Notice.
- You may revoke authorization in writing at any time except to the extent action has already been taken.

ELECTRONIC COMMUNICATIONS AND RISKS

We may communicate via phone, SMS (through ChiroTouch), Google Workspace email, secure portal, or mail. If you elect to communicate via unencrypted email or text after being informed of potential risks, you authorize such communications. We limit the information included in text messages and appointment reminders to the minimum necessary.

MINIMUM NECESSARY STANDARD

We make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose, except for treatment or as otherwise permitted by law.

YOUR RIGHTS

- Right of Access – You may inspect and obtain a copy of PHI in our designated record set. Requests must be submitted in writing or through other reasonable means. We will respond within thirty (30) days. One 30-day extension is permitted with written notice. Fees are limited to reasonable, cost-based fees for labor for copying, supplies, and postage. We do not charge retrieval fees.
- We may deny access in limited circumstances permitted by law. You may request review of certain denials.
- If you are a minor, your parent or legal guardian generally acts as your personal representative unless otherwise provided by Illinois law.
- Right to Amend – You may request an amendment in writing with a reason.
- Right to Accounting – You may request an accounting of disclosures made within the six (6) years prior to the date of your request.
- Right to Restrictions – We must honor a request to restrict disclosure to a health plan when you have paid in full out-of-pocket for the related service.
- Right to Paper Copy – Available at any time.

- Right to File Complaint – You may file with the Practice, the U.S. Department of Health and Human Services Office for Civil Rights, or the Illinois Attorney General’s Office. We will not retaliate.
- Right to Confidential Communications – You may request confidential communications by alternative means or at alternative locations. We will accommodate all reasonable requests. You are not required to provide a reason for your request.

MEDICAL RECORD RETENTION (ILLINOIS)

Adult records are retained for no less than ten (10) years after last treatment. Minor records are retained for at least ten (10) years after the minor reaches age eighteen (18), unless longer retention is required by law.

BUSINESS ASSOCIATES AND DATA STORAGE

We utilize ChiroTouch EHR hosted in AWS cloud infrastructure, integrated SMS services, and Google Workspace. Each vendor operates under a written Business Associate Agreement requiring administrative, physical, and technical safeguards consistent with HIPAA.

Clinical images may be stored in secure systems or temporarily on encrypted Practice-owned devices with restricted access.

COMPLIANCE WITH FEDERAL AND STATE BILLING LAWS

We comply with applicable federal and state billing and fraud prevention laws, including Medicare, Medicaid, and commercial insurance requirements, and return identified overpayments as required by law.

ILLINOIS BIOMETRIC INFORMATION PRIVACY ACT (BIPA)

We may collect biometric identifiers such as facial geometry or posture mapping solely for clinical documentation and identification purposes. Written consent is obtained prior to collection. Biometric data is not sold, leased, traded, or otherwise profited from.

Biometric data will be permanently destroyed when the initial purpose for collection has been satisfied or within seven (7) years of your last interaction with the Practice, whichever occurs first, unless a longer retention period is required by law.

Biometric data is stored, transmitted, and protected using reasonable safeguards consistent with HIPAA and Illinois law.

BREACH NOTIFICATION

In the event of a breach of unsecured PHI, we will provide written notice without unreasonable delay and no later than sixty (60) days following discovery.

CHANGES TO THIS NOTICE

Any revised Notice will apply to protected health information we already maintain as well as information received in the future. We reserve the right to revise this Notice. Revisions will apply to all PHI maintained and will be posted in our office and on our website.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge receipt of this Notice of Privacy Practices.

Printed Name: _____

Signature: _____

Date: _____