PATIENT PRIVACY

Notice of Privacy Practices

> **Chiropractic Health Center, LLC**
> 4538 NW Shumway Rd, El Dorado, KS 67042
> Phone: (316) 323-3329 · Email / Privacy Officer: consultation@chiropracticenter.com
> Effective date: July 25, 2026

PLEASE REVIEW THIS NOTICE CAREFULLY. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Chiropractic Health Center is committed to protecting the privacy and security of your protected health information (PHI) as required by applicable law, including HIPAA.

How we may use or disclose your health information

1. Treatment

We may use and disclose your health information to provide, coordinate, or manage your chiropractic care. This may include sharing information with other health care professionals involved in your treatment.

2. Payment

We may use and disclose information to obtain payment for services, determine coverage, process claims, and coordinate benefits with a health plan.

3. Health care operations

We may use information to operate the practice, improve quality, train staff, conduct audits, and manage business activities. Business associates who perform services for us must agree to protect your information.

4. Appointment reminders and communications

We may contact you to remind you of appointments, discuss treatment, or provide information about care. You may request confidential communication by a particular method or at a particular location.

5. Required or permitted by law

We may disclose information when required by law, for public health activities, health oversight, judicial or administrative proceedings, law enforcement, workers' compensation, coroners, organ donation, or to prevent a serious threat to health or safety.

6. Marketing and sale of information

We will not use your health information for marketing or sell it without your written authorization, except as permitted by law. You may revoke an authorization in writing as described in the authorization.

When authorization is required

Except as described in this notice or otherwise permitted by law, we will obtain your written authorization before using or disclosing health information. You may revoke an authorization in writing at any time, except to the extent action has already been taken.

Your health information rights

- **Request restrictions:** Ask us to limit certain uses or disclosures. We are not required to agree in every circumstance.
- **Confidential communications:** Request that we contact you in a specific way or at a specific location.
- **Inspect and copy:** Request access to your health information in paper or electronic form, subject to limited exceptions.
- **Amend:** Request correction of information you believe is inaccurate or incomplete.
- **Accounting:** Request a list of certain disclosures made by us.
- **Paper copy:** Request a paper copy of this notice at any time.

Changes to this notice

We reserve the right to change this notice. The revised notice will apply to all protected health information we maintain. The current notice will be available at our office and on this website.

Complaints

If you believe your privacy rights have been violated, you may contact our Privacy Officer at the address or email listed above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.