SCHRAEDEL CHIROPRACTIC

NOTICE OF PRIVACY PRACTICES

Effective date: October 27, 2026 **Privacy contact:** Schraedel Chiropractic Privacy Officer

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.

This notice applies to protected health information (PHI) maintained by Schraedel Chiropractic. We must protect your PHI, provide this notice, follow its current terms, and notify affected individuals of breaches of unsecured PHI as required by law.

How we use and share your information

Treatment: We use or share PHI to provide and coordinate care; for example, sending X-rays to another treating clinician. **Payment:** We use or share PHI to bill patients or insurers; for example, submitting a claim to your health plan. **Health care operations:** We use PHI to run and improve our practice; for example, reviewing care quality or managing services.

Other permitted or required disclosures: When legal conditions are met, we may disclose PHI for public health and safety, reporting abuse or neglect, health oversight, research, organ donation, coroners or funeral directors, workers' compensation, law enforcement, government functions, legal compliance, and court or administrative proceedings.

People involved in your care: Subject to your preferences and law, we may share relevant information with family, friends, or others involved in your care or payment, including in disaster relief. If you cannot express a preference, we may act in your best interest when permitted. We may contact you about appointments and health-related services.

When written permission is needed

We obtain written authorization when required, including for most marketing, sale of PHI, most uses of psychotherapy notes (if any), and uses not otherwise permitted. You may revoke authorization in writing, except for actions already taken. If we hold substance use disorder records protected by 42 CFR Part 2, additional rules apply; such records generally may not be used or disclosed in proceedings against you without your written consent or an appropriate court order and legal process. Additional federal or state confidentiality protections apply where required.

Your rights

Access: Request paper or electronic copies of your records, generally within 30 days, subject to exceptions, extensions, and reasonable cost-based fees. **Correction:** Request amendments; we generally respond within 60 days and explain denials in writing. **Restrictions:** Ask us to limit sharing. We must generally honor a request not to share a fully self-paid service with your health plan for payment or operations unless law requires it; we may decline other restrictions.

Confidential communications: Request reasonable alternative ways or locations for us to contact you. **Accounting:** Request a list of certain disclosures made during the prior six years, subject to exclusions; one per year is generally free. **Notice:** Request a paper copy anytime. **Representative:** A legally authorized representative may exercise your rights.

Complaints, responsibilities, and changes

You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights at **hhs.gov/hipaa/filing-a-complaint** or **1-877-696-6775**. We will not retaliate. We will not use or disclose PHI beyond what is described here unless permitted by law or authorized by you. We may revise this notice for all PHI we maintain; the current version will be available in our office and on our website.

Schraedel Chiropractic Privacy Officer | 117 W 200 S, Farmington, UT 84025 | 385-382-4453 | frontdesk@schraedelchiro.com

PATIENT ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received or was offered a copy of this Notice. My signature acknowledges receipt, not agreement with its terms.

Patient name: _____ Date: _____

Signature: _____ Representative/relationship: _____

Office use if not signed — good-faith effort/reason: _____