

## **SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES**

This summary of our Notice of Privacy Practices is posted for your convenience. Printed copies of our full Notice of Privacy Practices are available near this posted summary. You are welcome to read the full Notice of Privacy Practices and take a copy with you.

THE NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **We may use and share your information in order to:**

1. Treat you which means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be referring you to another physician for a second opinion.
2. Provide information so we can receive payment for your health care services.
3. Manage the health care quality and business operations of our organization.

### **You have the right to:**

1. Receive a full copy of our Notice of Privacy Practices.
2. Ask us to restrict information we share including restriction of information to your insurance carrier for care that you or someone other than the insurance carrier pays for out of pocket.
3. Ask us to communicate confidentially with you in a way and at a place you prefer.
4. Inspect and get a copy of medical information used to make decisions about your care.
5. Ask us to correct information in your medical record if you believe it is not correct.
6. Find out to whom we have disclosed your medical information.
7. Complain to us or the Secretary of Health and Human Services without fear of retaliation if you believe your health privacy rights have been violated.

### **We must:**

1. Maintain the privacy and security of your protected health information as required by law.
2. Provide you with a notice describing our legal duties and privacy practices - our Notice of Privacy Practices - and follow the terms of our current Notice of Privacy Practices. We may change the Notice of Privacy Practices from time to time. Any change will be made available and will apply to prior information we may have about you.
3. Notify you if there is a breach of your unsecured protected health information.

### **For more information:**

For more information about the matters covered by this Summary or about our Notice of Privacy Practices or to make a complaint that your privacy rights have been violated, contact our Privacy Official listed below. If you wish, we will provide you with a form to make a complaint to us. You may also make a complaint to the Secretary of Health and Human Services and our Privacy Official will explain how to do that. We respect you and your privacy and will never retaliate against you if you file a complaint.

Privacy Official of Scott Devereux DC DBA Devereux Chiropractic and Acupuncture, LLC

Telephone:

Office address:

4500 telegraph rd 104,

Scott Devereux DC DBA Devereux Chiropractic and Acupuncture, LLC  
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st louis, Missouri, 63129