

Chiropractic Nutrition Solutions Plc  
1931 Richmond Avenue  
Houston, TX 77098

**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Purpose:** Chiropractic Nutrition Solutions employees, and non-employees follow the privacy practices described in this Notice. Chiropractic Nutrition Solutions maintains your health information in records that are kept in a confidential manner, as required by law. Chiropractic Nutrition Solutions must use and disclose or share your health information as necessary for treatment, payment, and health care operations to provide you with quality health care.

**Use and Release of Your Health Information for Treatment, Payment, and Health Care Operations:** Chiropractic Nutrition Solutions has to use and release some of your health information to conduct its business. We are permitted to use and release health information without authorization from you. Treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with radiologists or other consultants to make a diagnosis. Chiropractic Nutrition Solutions may use your health information as required by your insurer to determine eligibility or to obtain payment for your treatment.

**How Will the Chiropractic Nutrition Solutions Use and Disclose My Health Information?** Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

*Note:* You will have the opportunity to refuse some of these communications about your health information, indicated by (\*).

- Family members or close friends involved in your care or payment for treatment. (\*)
- Disaster relief agency if you are involved in a disaster relief effort. (\*)
- Appointment reminders.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.

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- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

**Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information, unless you allow Chiropractic Nutrition Solutions in writing to do so. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Alcohol and drug abuse information has special privacy protections. Chiropractic Nutrition Solutions will not disclose any information identifying an individual as being a patient or provide any health information relating to the patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as required by law.

**You Have Rights Regarding Your Health Information.** You have the following rights regarding your medical information, if requested on the form(s) provided by Chiropractic Nutrition Solutions.

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, payment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have had a particular procedure. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical or health record. We may charge a fee for copying, mailing, and supplies.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Chiropractic Nutrition Solutions. Chiropractic Nutrition Solutions is not required to accept the requested amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.
- **Right to restrict certain disclosures to a Health Plan.** You may request a restriction of certain disclosures of your protected health information to a health plan if you have paid out of pocket in full for the health care item or service.
- **Requirements Regarding This Notice.** Chiropractic Nutrition Solutions is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect.

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Chiropractic Nutrition Solutions may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future.

- **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with:

Chiropractic Nutrition Solutions Plc  
Attn: Jeremie Pederson D.C.  
1931 Richmond Avenue  
Houston, TX 77098  
(713)557-5736

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509 F, HHH Building  
Washington, D.C. 20201

We will not penalize or retaliate against you in any way for making a complaint to Chiropractic Nutrition Solutions or to the Department of Health and Human Services. We will notify you in the unlikely event of a breach of your unsecured protected health information.