# Bradley Chiropractic Center, LLC

# NOTICE OF PRIVACY PRACTICES

**Effective Date: August 27, 2026**

**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.**

## Your Information. Your Rights. Our Responsibilities.

This notice explains how Bradley Chiropractic Center, LLC may use and disclose your protected health information (PHI), your rights regarding that information, and our legal responsibilities.

## Your Rights

- Get an electronic or paper copy of your medical record.
- Ask us to correct health information you believe is incorrect or incomplete.
- Request that we contact you in a specific way or at a different address.
- Ask us to limit certain uses or disclosures of your health information.
- Request an accounting of certain disclosures of your health information.
- Get a paper copy of this notice at any time.
- Choose someone legally authorized to act for you.
- File a complaint if you believe your privacy rights have been violated.

### How to Exercise Your Rights

**Access to your records.** You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will generally provide a copy or summary within 30 days of your request and may charge a reasonable, cost-based fee as permitted by law.

**Corrections.** You may ask us to correct information you believe is incorrect or incomplete. We may deny a request in certain circumstances, but if we do, we will explain the reason in writing, generally within 60 days.

**Confidential communications.** You may ask us to contact you in a specific way, such as by a particular phone number, or to send mail to a different address. We will accommodate reasonable requests.

**Restrictions.** You may ask us not to use or share certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay for a health care service or item completely out of pocket, you may ask us not to disclose that information to your health plan for payment or health care operations, unless disclosure is required by law.

**Accounting of disclosures.** You may request a list of certain disclosures made during the six years before your request. Certain disclosures, including many for treatment, payment, and health care operations, are not included. One accounting in a 12-month period is provided without charge; additional requests may involve a reasonable, cost-based fee.

**Personal representative.** A person with legal authority to act for you, such as a legal guardian or holder of an applicable medical power of attorney, may exercise your rights after we verify that authority.

## Your Choices

In certain circumstances, you may tell us your preferences about sharing information, including sharing with family members, close friends, or others involved in your care or payment for your care, and sharing information for disaster-relief purposes. If you cannot tell us your preference, we may share information when we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety, as permitted by law.

We generally will not use or disclose your information for marketing purposes, sell your information, or disclose most psychotherapy notes without your written authorization when authorization is required by law. If an authorization is given, you

may revoke it in writing as permitted by law.

## How We Typically Use or Share Your Health Information

**Treatment.** We may use your health information and share it with other health care professionals who are treating you. For example, information about your condition may be shared with another provider involved in your care.

**Health care operations.** We may use and share your information to operate our practice, manage your care, improve services, and contact you when necessary.

**Payment.** We may use and disclose your information to bill for services and obtain payment from health plans, insurers, responsible parties, or other entities.

## Other Uses and Disclosures Permitted or Required by Law

- Public health and safety activities, including preventing disease, reporting certain adverse events, reporting suspected abuse or neglect, and preventing or reducing serious threats to health or safety.
- Health research when applicable legal requirements are satisfied.
- Compliance with federal or state law, including disclosures to the U.S. Department of Health and Human Services when required for HIPAA compliance oversight.
- Organ and tissue donation purposes, when applicable.
- Coroners, medical examiners, and funeral directors as permitted by law.
- Workers' compensation claims, law-enforcement purposes, health oversight activities, and certain government functions as permitted or required by law.
- Responses to court or administrative orders, subpoenas, lawsuits, and other legal proceedings as permitted or required by law.

### Substance Use Disorder Records

To the extent Bradley Chiropractic Center, LLC creates or maintains substance use disorder patient records that are protected by 42 CFR Part 2, additional federal confidentiality protections apply. Such Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against a patient without the patient's written consent or the required court order and subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- We must follow the duties and privacy practices described in the notice currently in effect and provide you a copy upon request.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing or another use or disclosure is permitted or required by law. You may revoke an authorization in writing as permitted by law.

## Changes to This Notice

We may change the terms of this notice. Changes may apply to all health information we maintain about you, including information created or received before the change. The current notice will be available upon request, at our office, and on our website.

## Questions or Complaints

If you have questions about this notice, want to exercise a privacy right, or believe your privacy rights have been violated, contact:

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| **Privacy Contact** | Dr. Darryl L. Bradley, D.C. |
| **Practice** | Bradley Chiropractic Center, LLC |

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| **Address** | 330 N. Vandeventer Ave., St. Louis, MO 63108 |
| **Phone** | (314) 371-2225 |
| **Email** | Bradleyschirocolonics@gmail.com |

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not result in retaliation by Bradley Chiropractic Center, LLC.

U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: 1-877-696-6775

## Acknowledgment

Patients may be asked to acknowledge receipt of this Notice of Privacy Practices. An acknowledgment documents receipt of the notice; it does not authorize uses or disclosures beyond those permitted by law.