

SUMMARY OF NOTICE OF PRIVACY PRACTICES

**CAPITAL REGION MEDICAL CENTER
JEFFERSON CITY, MO**

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.

We have summarized our Notice of Privacy Practices on this page. For a complete description of your rights and our responsibilities, please review our NOTICE OF PRIVACY PRACTICES in its entirety.

Your Rights

Your rights related to your medical information are as follows:

- The right to request restrictions on the way we use your medical information;
- The right to request and receive information from us in a different way or manner;
- The right to review your medical information;
- The right to request that we amend your medical information; and
- The right to know how we have used or disclosed your medical information.

We will not use or disclose your health information without your authorization, except as otherwise described in this Notice of Privacy Practices.

What We Are Required to Do

It is our responsibility to:

- Protect your medical information;
- Provide you with our Notice of Privacy Practices; and
- Abide by the terms of this Notice.

We can change our privacy practices. If we decide to change them, we will change this Notice and post the changes in our hospital, clinics, and on our website.

If you have any questions and/or would like additional information, please contact our Privacy Officer at 573-632-5996.