

Flourish Chiropractic Spa Notice of Privacy Policies and Practices (HIPAA)

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.

Our Legal Duty

Flourish Chiropractic Spa is committed to protecting your privacy and is required by applicable federal and state laws to maintain the privacy of protected health information. "Protected health information" is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a healthcare clearinghouse, that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

We are required to give you this notice about our privacy practices, which describes how we may use, disclose, collect, handle and protect our members' protected health information; our legal duties; and your rights concerning your protected health information. We are required to maintain the privacy of your protected health information and inform you of your right to be notified following a breach of your unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 08/11/25 and will remain in effect until we replace it.

We will continually review our privacy practices to ensure the privacy of our members' protected health information. Due to changing circumstances, it may become necessary to revise our privacy practices and the terms of this notice at any time, provided that changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices, and the new terms of our notice will become effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will revise this notice and notify all affected patients. Changes to this notice will be available at the clinic, and we will provide you with either the revised notice or information about the changes and how to obtain a revised notice.

You may request a copy of our notice at any time. For more information about our privacy practices for additional copies of this notice, please contact us using the information listed at the end of the notice.

Use and Disclosures of Protected Health Information

In order to administer our medical billing and office, we collect, use and disclose protected health information for certain of our activities, including payment and/or health care operations. The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations.

Payment and Health Care Operations: We may use and dispose your protected health information to bill for service provided to you by our providers: determine your eligibility for benefits, coordinate benefits, examine medical necessity, and/or contact referring providers for coordination of care. We may use and disclose your protected health information to: to your referring health care provider when needed by the provider to render treatment to you, to conduct quality assessment and improvement activities, manage our business and rate our risk. We may use and/or disclose your protected health information for all activities that are included within the definition of "payment" and "health care operations," but we have not listed all of the activities in this notice so please refer to 45 C.F.R. | 164.501 for a complete list.

Business Associates: In connection with our billing and health care operations activities, we contract with individuals and entities (called "business associates") to perform these functions on our behalf, or to provide certain types of service (such as billing claims and checking benefits and eligibility). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

Use of AI Scribe via Jane App

As part of our clinical documentation process, Flourish Chiropractic Spa uses Jane App's secure AI Scribe feature to help create and summarize visit notes. This tool may capture and transcribe portions of your visit to assist your provider in accurately documenting your care. All audio and transcription data are processed through Jane App's encrypted, HIPAA-compliant platform. The AI Scribe is used solely to support clinical note creation. It does not make diagnoses, provide treatment, or replace provider judgment. Any temporary audio or transcription data is securely deleted according to Jane App's retention policies once your notes are finalized in your health record. If you prefer not to have your visit documented using the AI Scribe, please notify us before your appointment so we can take notes manually.

Other Possible Use and Disclosures of Protected Health Information

In addition to uses and disclosures for payment and health care operations, we may use and/or disclose your protected health information for the following purposes.



Benefits and Services: We may use your protected health information to contact you with information about your health-related benefits and services, or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist in these activities.

Others Involved in Your Health Care: Unless you object, we may release protected health information about you to a friend or family member who is involved in your health care, or to someone who helps pay for your care. We may also disclose protected health information about you to an organization assisting a disaster relief effort so that your family can be notified about your condition, status, or location.

Research, Death: We may disclose your protected health information for research purposes in limited circumstance. We may disclose the protected health information of a deceased person to a coroner, medical examiner or funeral director.

Public Health and Safety: We may dispose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the healthcare system, or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Legal Proceedings and Enforcement: We may disclose your protected health information in response to a court or administrative proceeding or order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, we may disclose your protected health information to law enforcement officials to locate or identify a suspect, fugitive, material witness, crime victim or missing person.

Inmates: If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official to provide health care to you, for your health and safety and to the health and safety of others, or for the safety and security of the correctional facility.

Health Oversight Activities or Health Care Operations: We may disclose your personal health information to a health oversight agency for audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws. We may also disclose to a covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Military and National Security: We may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence and other national security activities.

Workers' Compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

To You and Your Authorization: We must disclose your protected health information to you, as described in the Individual Rights section of this notice below. You may give us written permission to use your protected health information or to disclose it to anyone for any purpose. We may use or disclose to a business associate or to an institutionally related foundation, your protected health information for the purpose of raising funds on our behalf. With each fundraising communication we will provide you with the opportunity to elect not to receive any further fundraising communications. Uses and disclosures for marketing purposes, disclosures that constitute a sale of protected health information and other uses and disclosures not described within this notice will only be made with your written authorization. If you give us authorization, you may change your mind at any time. Your decision to revoke your prior authorization will not affect any use or disclosures made while it was in effect.

Individual Rights

You have the right to inspect and copy protected health information about you in a designated record set that may be used to make decisions about your care. To inspect and copy protected health information, you just submit your request in writing to Flourish. We will provide copies in paper format. We may charge a fee for the cost of copying, mailing or other costs associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If your request is denied, you may request a review of the decision. Under certain conditions, our denial will not be reviewable and we will inform you of that with our decision. The healthcare professional conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Accounting: You have the right to receive a list of instances in which we disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. The first list you request will be free. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact the office for information on these fees.

Restriction: You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these restrictions. If we do, we will follow our agreement, unless the information is needed to provide emergency treatment to you. A request to restrict your protected health information, must be made in writing and must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We will notify you if we end our agreement with you to restrict your protected health information.

Confidential Communications: If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example you may ask that we contact you only at your work address or via your work email. Your request must be in writing and must state that the information could endanger you if it is not communicated in confidence by the alternative means or location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect payment.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may submit in writing a statement disagreeing with the denial, which we will add to the information you wanted to amend. If we accept your request, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Web and Email Privacy

We want to assure Users of our Website (meaning Any individual, including site visitors as well as those individuals who provide personal health information via this Website, herein referred to as “User(s)”) that their personal health information is secure and maintained in confidence, consistent with applicable state and federal laws. By “personal information”, we mean data that uniquely identifies an individual, such as a name, address, social security number, telephone number or other individually identifiable information.

Information Collected Online

From time to time we may request personal information from you at our site in order to deliver requested materials to you, respond to your questions, or deliver a product or service. When you visit and navigate our site and when you communicate with us via our site, we will not collect personal information about you, unless you provide us that information voluntarily. How you use the Flourish Website will determine whether or not we need to collect information from you and how much information we collect. For many features, we do not require any information on who you are or ask questions about you. For some of our features, we need to either verify your identity through a login process, or collect sufficient information from you to provide the service of the feature.

Email, Product Inquiry: Flourish provides an email address for comments and questions. We invite Users to send secure messages to us regarding appointments or services to that e-mail or through the Jane App. We retain copies of these messages for 1,000 days, but do not disclose secure messages to any non-affiliated third parties. Access to the information provided through the use of these secure messages will be limited to those Flourish representatives or other appropriate third parties who need to view this information to respond to the inquiry or to perform their job responsibilities. We also invite Users to send payments via Jane app through a link on the Website. Users should also review the privacy policy contained on Jane app for information regarding how they use the information.

Use of Cookies: A cookie is a small piece of information about an Internet session that may be created when an individual accesses a Website. Cookies can contain a variety of information, including the name of the Website that issued them, where on the site the User visited, passwords and even Users’ names that have been supplied via forms. Note that most Web browsers can be modified by the User to prevent cookies from being attached to the User. Our Website uses cookies to facilitate easier navigation within the sites and to provide a higher level of convenience for Users.

Use of Information Collected Online or Through Email

Flourish does not sell your non-public personal information to anyone. Unlawful disclosure of your personal information, including social security number, is prohibited. All information submitted by any individual to us may be retained to provide a record of such communications and to comply with any applicable legal and/or regulatory requirements and may be verified for accuracy.

In addition: Flourish uses any information submitted by you on the Website as well as information submitted by you on Jane app and any information sent directly to us via email to provide improved customer service, to provide relevant health care related information, to update information we have about you, and to monitor the effectiveness of our online service. In some cases, we may use such information to provide you with access to information on products and services offered by Flourish.

Your email address information will be used only for Flourish-related mailings and will not be given, sold or rented to any other party for any other use without, your prior approval.

Information may also be “cleansed” by Flourish (stripped of any information which could identify you personally, such as your name or email address), aggregated with other data, and used for general research, classification, purposes, marketing, or other purposes without permission, but only in non-individually identifiable forms.

Access to Information Collected Online

Certain Flourish employees may be provided with information regarding users in order to respond to the individual’s need and provide requested information regarding specific products or services. Flourish employees are required, by written confidentiality statements, corporate policies, and state or federal laws or regulations to maintain the confidentiality of personal information and to use strict standards of care in handling the information. Employees who do not conform to these confidentiality requirements are subject to disciplinary sanctions that may include dismissal.

Affiliates, Business Associates and Service Providers

Flourish may disclose personal information of its Users collected through its Website as permitted by law to affiliates along with non-related service providers that assist Flourish in meeting the needs of its customers. Information collected by affiliates and non-related service providers may also be shared with Flourish as permitted by law. Personal information is treated with the same standards of confidentiality that Flourish applies to other confidential information. Flourish affiliates are subject to corporate policies regarding privacy and confidentiality and Flourish non-related service providers and Business Associates are legally bound by contract to employ at least the same strict standards of confidentiality as employed by Flourish.

Third Parties: Other than as set forth above, Flourish does not transmit any personal information collected through its Websites to any third party without the permission of the individual.

Compliance Assurance

Flourish uses commercially responsible computer security technology selected and implemented to provide adherence to the security and privacy policies described in this notice. Although we make reasonable efforts to protect your information from unauthorized use or alteration, you should be aware there is always some risk in sending information over the internet.

Account Access: Consistent with the requirements set forth under certain state and federal laws, Flourish grants access to personal information only to those employees, affiliates and third parties as required to provide healthcare services, or as you permit. All such employees affiliates and third parties are subject to privacy policies, at least as restrictive as the policy described in this notice.

Internal Compliance Program: Flourish maintains an internal privacy compliance program to ensure compliance with this policy. This program includes oversight of the compliance program by a Compliance Officer whose function is to create, maintain, and enforce privacy procedures in accordance with this policy. Flourish reserves the right to amend this policy at any time.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights or you disagree with: (1) a decision we made about access to your protected health information, (2) our response to a request you made to amend or restrict the use or disclosure of your protected health information, or (3) our response to your request to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Paper Copy of This Notice: You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time.

Office: Flourish Chiropractic Spa Website: www.flourishchiropracticspa.com
Fax: (206) 708-6472 Phone: (206) 851-2242
Address: 417 E Pine St Suite P Seattle, WA 98122

Patient Name _____

Signature: _____ **Date:** _____

Guardian (if applicable): _____

Relationship: _____