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.

Kaizen Chiropractic PLLC ("Kaizen," "we") protects your health information as required by the federal Health Insurance Portability and Accountability Act (HIPAA) and the Washington Uniform Health Care Information Act (chapter 70.02 RCW). When the law that gives you more protection differs, we follow it. Questions? Contact our Privacy Officer, Dr. Trenton Baun, at (509) 383-5009 or info@kaizen-chiro.com.

How we use and share your health information

For your care. We use your information to examine, adjust, and care for you, and we may share it with other providers involved in your care (for example, if we refer you to your physician or an imaging center).

For payment. We use your information to collect payment for your care and to prepare superbills you request. We do not bill insurance.

To run our office. We use your information for scheduling, appointment reminders (by phone, voicemail, email, or, if you agree, text), quality improvement, and recordkeeping. Reminders will not contain detailed health information.

With people involved in your care. Unless you object, we may share information with a family member, friend, or other person you identify who is involved in your care or helps pay for it. For minors, we share information with a parent or legal guardian as permitted by law.

When we may share information without your written permission

Washington and federal law allow or require us to share information in limited situations, including:

- When required by law, including court orders and subpoenas that meet legal requirements.
- To report suspected abuse or neglect of a child or vulnerable adult, as Washington law requires.
- For public health activities, such as preventing disease or reporting problems with products.
- For health oversight, such as audits and investigations by the Washington Department of Health and the Chiropractic Quality Assurance Commission.
- To prevent a serious and imminent threat to the health or safety of a person or the public.
- To law enforcement, coroners, or medical examiners as permitted by law, and for workers' compensation claims as required by law.
- To our business associates (for example, our electronic records and scheduling system and our payment processor), who must protect your information by written agreement.

When we need your written permission

We will not use or share your information for any other purpose, including marketing or selling your information, without your written authorization. We will never sell your health information. You may revoke an authorization in writing at any time, except for actions we already took based on it.

Your rights

- **Get a copy of your records.** You may ask to see or get a paper or electronic copy of your records. We will respond within 15 days, and we may charge a reasonable, cost-based fee as allowed by Washington law.
- **Ask us to correct your records.** If you believe information is incorrect or incomplete, you may ask in writing for a correction. If we say no, we will explain why in writing, and you may submit a statement of disagreement.
- **Ask us to limit what we use or share.** You may ask us not to use or share certain information. We are not required to agree in every case, but if you pay in full yourself, we will agree not to share that information with your health plan unless the law requires it.
- **Choose how we contact you.** You may ask us to contact you in a specific way (for example, only by cell phone) or at a different address. We will agree to reasonable requests.
- **Get a list of disclosures.** You may ask for a list of times we shared your information in the past six years, other than for care, payment, office operations, and certain other purposes.

- **Get a copy of this notice** at any time, on paper or electronically.
- **Choose someone to act for you.** A legal guardian or a person with your health care power of attorney may exercise your rights.

Make requests in writing to our Privacy Officer at the address above.

Our responsibilities

- We must keep your health information private and secure, and follow the terms of this notice.
- We will tell you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We keep patient records for at least five years, as Washington requires (WAC 246-808-650).
- We may change this notice. Changes will apply to all information we have about you. The current notice will be posted in our office and on our website, and is available on request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer, or with the U.S. Department of Health and Human Services, Office for Civil Rights (www.hhs.gov/ocr/complaints, 1-800-368-1019). You may also contact the Washington State Department of Health. **We will not retaliate against you for filing a complaint.**

Privacy Officer: Dr. Trenton Baun, Kaizen Chiropractic PLLC, 224 N Main St, Colville, WA 99114 | (509) 383-5009 | info@kaizen-chiro.com

Effective date: November 2, 2026