



## **Notice of Information Practices and Privacy Statement**

Spring Hill Chiropractic, Inc. d/b/a Align Chiropractic Day Spa  
14270 Spring Hill Drive, Spring Hill, FL 34609

Provider: **Dr. Jessica Crivelli**

### **How We Collect Information About You:**

Spring Hill Chiropractic, Inc. dba Align Chiropractic Day Spa and its employees and/or its contractors collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for service through our organization.

**What We Do Not Do With Your Information:** Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, rent, sell, exchange, barter, lend, or disseminate any information about patients or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

**How We Do Use Your Information:** Information is only used as is reasonably necessary to process your request for service or to provide you with health and/or spa services which may require communication between **Spring Hill Chiropractic, Inc. dba Align Chiropractic Day Spa** and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications and/or insurance. If you request services and provide information with the intent or purpose of fraud or that results in either an actual [crime of fraud](#) for any reason including willful or unwillful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

**Information We Do Not Collect:** We do not collect information about site visitors except for one hit counter on the main index page ([www.alignchiropracticdayspa.com](http://www.alignchiropracticdayspa.com)) that simply records the number of visitors and no additional data.

**Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources:** Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of **Align Chiropractic Day Spa**. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for promotional purposes that are directly related to our mission.



Patients/Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance written permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, \_\_\_\_\_ acknowledge that I was provided with the above information, Notice of Privacy Practices and that I have read them or declined the opportunity to read them and understand the Notice of Privacy Practices. I understand that this form will be placed in my patient chart and maintained for six years.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Witness Signature Date

**This form will expire on :**