NOTICE OF PRIVACY PRACTICES

Privacy Officer: Julie Jaarsma, DNP, PMHNP-C, FNP-C
Mailing address 200 Boyden Ave #363 Maplewood, NJ 07040
Phone / email: (201) 614-7289 / dr.julie@flourishtotalhealth.com

This Notice of Privacy Practices describes how medical and mental health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our commitment to your privacy
Flourish Total Health, LLC is required by law to maintain the privacy of your protected health information ("PHI"), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

What information is covered
Protected health information includes identifying information and information about your past, present, or future physical or mental health, treatment, prescriptions, payment for care, scheduling, records shared during telehealth visits, and related communications.

How we may use or disclose your information without a separate written authorization
• Treatment: We may use and disclose your PHI to provide, coordinate, or manage your care. This may include reviewing symptoms, diagnosis, medication history, labs, pharmacy information, prior records, consultation with other treating professionals, and coordination of referrals.
• Payment: We may use and disclose your PHI to bill and collect payment for services. This may include sharing information with health plans, claims administrators, billing vendors, clearinghouses, collection services, or others involved in payment processing.
• Health care operations: We may use and disclose your PHI for business and clinical operations such as quality review, staff training, credentialing, licensing, legal compliance, auditing, and business management.
• Appointment reminders and care communications: We may contact you about appointments, follow-up needs, forms, patient portal messages, refill coordination, or information related to your treatment. These communications may occur by phone, voicemail, text, email, or patient portal unless you request limits that are reasonable for us to honor.
• Telehealth services: Because Flourish Total Health provides telehealth services, we may use secure audio, video, electronic prescribing, electronic records, and patient portal tools to provide care. Telehealth carries privacy and technology risks, including service interruptions or the possibility that ordinary e-mail or text messages may be less secure than the patient portal. By communicating with us electronically, you understand those risks.
• AI-assisted documentation tools: We may use secure recording, transcription, or other AI-assisted technology to help create clinical documentation and support charting. If we use these tools, they will be used only for treatment, payment, or health care operations as allowed by law, and any vendor handling your information must protect it as required by law or contract. Where applicable law requires consent for recording or similar technology, we will obtain that consent before use.
• Business associates: We may share PHI with companies that help us operate the practice and that are required to protect your information, such as electronic health record, billing, claims, payment processing, secure messaging, or document management vendors.
• Individuals involved in your care: Your information is private. We will not share information with family members, caregivers, or others involved in your care or payment for your care unless you give permission, you have a legally authorized personal representative, or we are otherwise permitted or required to do so by law.
• As required or permitted by law and in emergencies: We may disclose PHI when required or permitted by federal or state law, including mandatory reporting of abuse, neglect, or exploitation; certain public health activities; health oversight; judicial or administrative proceedings; law enforcement requests; coroner or medical examiner functions; workers' compensation matters; and when necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person, including certain emergencies.

Uses and disclosures that generally require your written authorization Except as otherwise allowed by law, we will ask for your written authorization before
• Using or disclosing psychotherapy notes, if maintained separately from the rest of your medical record, except as legally permitted.
• Using or disclosing your PHI for most marketing purposes.
• Selling your PHI.
• Sharing information for other purposes not described in this notice or otherwise allowed by law.
You may revoke an authorization at any time in writing, except to the extent we have already acted in reliance on it.

Your rights regarding your information

• Right to inspect and receive a copy:
You may request to inspect or receive a copy of your health record and certain billing records, subject to limited exceptions permitted by law.

• Right to request amendment:
If you believe information in your record is incomplete or incorrect, you may ask us to amend it.

• Right to request confidential communications:
You may ask us to contact you in a certain way or at a certain location, such as only through the patient portal or at a different mailing address.

• Right to request restrictions:
You may ask us to limit certain uses or disclosures. We are not required to agree to every request, but we will consider reasonable requests. If you pay in full out of pocket for a
service, you may request that we not disclose information about that service to your health plan for payment or operations, and we will honor that request when required by law.

• Right to an accounting:
You may request an accounting of certain disclosures of your PHI made by us, as allowed by law.

• Right to a paper or electronic copy of this notice: You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

• Right to choose a personal representative: A parent, guardian, or other legally authorized personal representative may exercise rights on your behalf when permitted by law.

Our duties

• We are required by law to maintain the privacy and security of your PHI.

• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.

• We may change the terms of this notice, and the new terms will apply to all PHI we maintain. The current notice will be available on request and should also be posted on our website
or patient portal if one is used.

Questions or complaints

If you have questions about this notice or believe your privacy rights have been violated, contact the Privacy Officer at Flourish Total Health using the contact information above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Checkbox *

☐ I acknowledge that I received the Flourish Total Health Notice of Privacy Practices.

Patient Name *

_____

Date of Birth *

_____

Please sign your name below *

_____ _____

Signature Date

☐ I am the parent/guardian of this patient

If not signed by patient, personal representative name and relationship:

March 8, 2026