

HIPAA Privacy Notice

PT360HEALTH LLC

Effective Date: 01/01/2025

At **PT360HEALTH LLC**, we are committed to protecting your privacy. This **Notice of Privacy Practices** describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

1. Our Commitment to Your Privacy

We understand that health information about you is personal, and we are committed to protecting your privacy. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), we are required to maintain the privacy of your health information and to provide you with this Privacy Notice.

2. Uses and Disclosures of Your Health Information

We may use or disclose your health information for the following purposes:

Treatment

We may use or disclose your health information to provide, coordinate, or manage your healthcare treatment. For example:

- Sharing information with specialists or physical therapists involved in your care.
- Communicating with your primary care physician regarding your health status.

Payment

We may use or disclose your health information to bill and collect payment for services provided to you. For example:

- Submitting claims to your health insurance company.
- Confirming insurance benefits or eligibility.

Healthcare Operations

We may use or disclose your health information for activities that are necessary to operate our practice. For example:

- Conducting quality assessments or evaluating the performance of our staff.
- Training and educating employees and healthcare professionals.

Other Uses and Disclosures

We may use or disclose your health information without your consent for the following purposes:

- As required by law (e.g., reporting to public health authorities or law enforcement).
- For public health activities, such as disease prevention or health oversight activities.
- For research purposes (with proper authorization or approval).

3. Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

Right to Access

You have the right to request and inspect a copy of your health information that we maintain, subject to certain exceptions.

Right to Request Amendments

You have the right to request that we amend your health information if you believe it is incorrect or incomplete.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a certain way or at a certain location, such as by email or phone.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures of your health information made by us for purposes other than treatment, payment, or healthcare operations.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your health information. However, we are not required to agree to these restrictions.

Right to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services. To file a complaint with PT360HEALTH LLC, please contact us using the contact details below.

4. How We Protect Your Health Information

We use physical, administrative, and technical safeguards to protect your health information from unauthorized access, use, or disclosure. These measures include:

- Secure storage of physical records.
- Encryption and secure transmission of electronic health information.
- Employee training on privacy and confidentiality.

5. Disclosure of Health Information

We will not use or disclose your health information without your written authorization, except as described in this Privacy Notice or as required by law. If you provide written authorization for the use or disclosure of your health information, you have the right to revoke that authorization at any time.

6. Changes to This Privacy Notice

We reserve the right to change this Privacy Notice at any time. If changes are made, a revised notice will be posted on our website or made available to you upon request. The revised notice will apply to all protected health information that we maintain, including information created or received before the change.

7. Contact Information

If you have any questions or concerns about this Privacy Notice or wish to exercise your rights regarding your health information, please contact us at:

PT360HEALTH LLC

Phone: 561-376-2001

Email: info@pt360health.com

By signing below, you acknowledge receipt of this HIPAA Privacy Notice.

Patient Name: _____

Patient Signature: _____

Date: _____