

How We May Use and Disclose Your Health Information

We may use or share your Protected Health Information (PHI) in the following ways:

Treatment – To provide, coordinate, or manage your physical therapy care.

Payment – To obtain payment for your health care services.

Health Care Operations – For administrative, quality improvement, and business activities that support the practice.

Required by Law – We may disclose information when required by law, including:

- Public health activities
- Reporting abuse, neglect, or domestic violence
- Health oversight activities (audits, inspections, investigations)
- Judicial or administrative proceedings
- Law enforcement purposes
- To avert serious threat to health or safety

Business Associates – We may share PHI with service providers (such as billing, software, or administrative services) who perform services on our behalf. They are required to protect your information and may only use it to perform services for us.

Marketing and Fundraising – We do **not** use your PHI for marketing purposes without your written authorization, and we do not engage in fundraising using your PHI.

Other Uses – Any other uses or disclosures of PHI not described in this Notice will be made **only with your written authorization**. You may revoke an authorization at any time, except to the extent that we have already relied on it.

Your Rights Regarding Your Health Information

You have the right to:

- **Access your records** – Request to see or obtain a copy of your health information.
- **Request amendments** – Ask us to correct or update information you believe is incorrect.
- **Request restrictions** – Ask us not to use or disclose certain information (we may not always agree).
- **Request confidential communications** – Ask us to contact you in a specific way (e.g., home phone only).
- **Receive an accounting of disclosures** – Get a list of certain disclosures we have made of your information.
- **Receive a paper copy of this notice** – Even if you have agreed to receive it electronically.

To exercise these rights, submit a written request to our Privacy Officer.

Our Duties

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Abide by the terms of this Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice. Any changes will apply to PHI we already maintain. Updated Notices will be available upon request and posted in our clinic.

Complaints

If you believe your privacy rights have been violated, you may file a complaint:

To us:

Privacy Officer
Team Rally Sports Physical Therapy
Phone: 503-567-8623
Email: sarah@teamrallypt.com
Address: 7588 Delaware Ln, Vancouver, WA 98684

To the U.S. Department of Health and Human Services (HHS):

Office for Civil Rights (OCR)
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775

You will **not** be penalized for filing a complaint.

Acknowledgment of Receipt

I acknowledge that I have received and reviewed a copy of the *Notice of Privacy Practices* from Team Rally Sports Physical Therapy.

Signature: _____ Date: _____
