NOTICE OF PRIVACY PRACTICES

Effective: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. WHO WE ARE

This Notice provides an overview of the privacy practices of Professional Physical Therapy (also referred to in this Notice as "we," "us," and/or "our"). The privacy practices described in this Notice will be followed by all Professional Physical Therapy clinics and our healthcare professionals, employees, staff, trainees, students, volunteers, and business associates. If you have any questions about this Notice, please contact our Privacy Officer.

This Notice is not a complete listing of how we use and disclose your protected health information. This Notice applies to all protected health information held in any form by the Professional Physical Therapy entities listed at the end of this Notice.

Protected health information (also referred to in this Notice as "medical record," "health information," and/or "information") is your individually identifiable information, whether in electronic, paper, or oral form, which may include, but is not limited to, your geographic information, your demographic information, information on healthcare services you have received or may receive in the future, your healthcare insurance benefits, full-face photographs and any comparable images of you, and any unique numbers that may identify you.

2. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

A. TREATMENT, PAYMENT, AND OPERATIONS

We may use and disclose your medical information and other treatment information without your written authorization for the following reasons:

- **TREATMENT**
  We can use your health information and share it with other professionals who are treating you without your consent. For example, the physical therapist treating you for an injury shares your treatment notes with your physician.
- **PAYMENT**
  We can use and share your health information to bill and get payment from health plans or other entities without your consent. For example, we may give information about you to your health insurance plan so it will pay for your services.
- **OPERATIONS**
  We can use and share your health information to run our practice, improve your care, and contact you when necessary without your consent. For example, we use health information about you to evaluate the services we provide, or to educate our staff, or develop our services.

We may also use and disclose your information without your authorization:

- To business associates that perform certain key functions or processes for us
- To providing you with information about treatment options, or health-related benefits or services that we think might be of interest to you
- To send you appointment reminders

B. OTHER USES AND DISCLOSURES WHICH DO NOT REQUIRE WRITTEN AUTHORIZATION

We may also use and disclose your medical information when required or permitted by law. This may include:

- **Help with public health and safety issues**

  We can share health information about you for certain situations such as:

  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

- **Certain research purposes**
  - We can use or share your information for health research.
- **Comply with the law**
  - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Address workers' compensation, law enforcement, and other government requests**
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **To provide certain information to a coroner, medical examiner, or funeral director;**
- **To correctional institutions if required to do so by law, if you are a prisoner.**

- **To a family member, relative or friend:**
  - if you are present at the time and agree; or
  - if you are not present (or you are incapacitated or in an emergency situation) and, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care.
- **Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative has legal authority to act on your behalf in making decisions related to your health care if you are unable to act on your own behalf. For example, a health care proxy, or a parent or guardian of an unemancipated minor are personal representatives.**
- **For disaster relief purposes to appropriate organizations involved.**

You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may later change your mind and revoke your authorization in writing. However, your written revocation will not affect actions we've already taken in reliance on your authorization. Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements.

C. USES AND DISCLOSURES REQUIRING SPECIFIC WRITTEN AUTHORIZATION

- Marketing: We must obtain your written authorization before using your PHI for marketing purposes.
- Sale of PHI: We must obtain your written authorization before selling your PHI.
- Highly Confidential Information: Certain types of especially sensitive health information, such as HIV/AIDS information, mental health information, substance use disorder treatment information, and genetic information, may have additional protections under state and federal laws.
- To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

3. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to:

- **Get an electronic or paper copy of your medical record You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To request a copy of your medical record, please contact our Medical Records Department.**
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to correct your medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete by submitting the request in writing to the Privacy Officer, along with proper documentation to support the request.
  - We may deny your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**
  - You can ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say "no" if it would affect your care. Even if we agree to your request, we may still share this information if you need emergency treatment.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information**
  - You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this Notice**
  - You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.

- **File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting our Privacy Officer at privacyofficer@professionalpt.com, or by sending a letter to: Privacy Officer, Professional Physical Therapy, 576 Broadhollow Road, Melville, NY 11747.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
  - We will not retaliate against you for filing a complaint.

4. OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and provide you a copy of this Notice.
- We will not use or share your information other than as described in this Notice unless you tell us we can in writing by completing and signing our HIPAA Authorization Form. If you tell us we can use or share your information other than as described in this Notice, you may change your mind at any time by informing our Privacy Officer of the change in writing.

5. REDISCLOSURE OF INFORMATION.

- Please note that once we disclose your health information as permitted under this Notice, the information may be redisclosed by the recipient and may no longer be protected by federal privacy laws.

6. INCIDENTAL DISCLOSURES.

- Despite our implementation of reasonable and appropriate safeguards to protect the privacy of your protected health information, your protected health information may be incidentally disclosed in connection with otherwise permissible or required uses or disclosures of your information. For example, other patients in the treatment area may observe and/or overhear discussions regarding your protected health information during the course of your treatment session. The HIPAA Privacy Rule permits such incidental disclosures of your protected health information.

7. CHANGES TO THE TERMS OF THIS NOTICE

- We can change the terms of this Notice without first notifying you, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.