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.**

Your Rights

You have the right to:

- Get a copy of your medical records: You can ask to see or obtain a copy of your health records.
 We will provide a copy or a summary, usually within 30 days of your request. A reasonable, cost-based fee may apply.
- Request corrections to your medical records: If you believe your records are incorrect or incomplete, you can request an amendment. We may deny your request if it does not meet certain legal requirements, but we will inform you in writing within 60 days.
- Request confidential communications: You can ask us to contact you in a specific way (e.g., home or office phone) or send mail to a different address. We will accommodate all reasonable requests.
- Ask us to limit what we use or share: You may request restrictions on the use or sharing of your information for treatment, payment, or operations. While we are not required to agree, we will consider your request.
- Get a list of disclosures: You can request a list of certain disclosures we made of your health information, including disclosures for reasons other than treatment, payment, or operations.
- File a complaint: If you believe your privacy rights have been violated, you can file a complaint
 with us or the U.S. Department of Health and Human Services. Filing a complaint will not affect
 your care.

Your Choices

You can choose:

- To allow or restrict sharing of information for marketing, fundraising, or other purposes not directly related to your care.
- To opt out of sharing your information with family, friends, or others involved in your care unless required by law.

Our Uses and Disclosures

We may use and share your information as follows:

• **Treatment:** We use your health information to provide you with medical care and coordinate services with other providers.

- Payment: We may share your information with your insurance company or others to bill for services provided.
- Healthcare Operations: We use and share information to run our practice, improve care, and contact you as necessary.
- Legal Obligations: We may share your information as required by law or to comply with legal
 processes, such as reporting abuse or responding to law enforcement requests.
- Public Health and Safety: We may share your information to prevent disease, report adverse reactions, or address other public health issues.

Bur Responsibilities

- Protect your information: We are required by law to maintain the privacy and security of your protected health information.
- Notify you of breaches: If a breach occurs that compromises your PHI, we will notify you
 promptly.
- Follow this notice: We must follow the terms of this notice and provide a copy upon request.
- Accommodate reasonable requests: We will address your requests for alternative communication methods or restrictions on information use as outlined above.

How to File a Complaint

If you have concerns about your privacy rights, you may file a complaint with:

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Privacy Officer: [Morgan Ricks]

Address: [939 S 25th E Ste 104, Ammon ID, 83406]

Phone: [Morganricksdpt@gmail.com]

Or with:

U.S. Department of Health and Human Services

Office for Civil Rights
200 Independence Avenue, SW
Washington, D.C. 20201

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints

For any questions about this notice or your rights, please contact our office. This notice is effective as of [12/9/24] and remains in effect until replaced or updated.