ATHLETICO PHYSICAL THERAPY | PIVOT PHYSICAL THERAPY AN ATHLETICO COMPANY

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and how to exercise them.

Receive an electronic or paper copy of your medical record

- You can ask to see or receive an electronic or paper copy of your medical record. You may submit your request in writing.
- We will provide a copy or a summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct or amend your medical record

- You can ask us in writing to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we will tell you why in writing.

Request confidential communications

- You can ask us to contact you in a specific way (for example, cell phone) or to send mail to a different address. We will accommodate all reasonable requests.

Ask us to restrict or 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.
- 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.

Notification of a breach

- We will notify you if there is a breach of your health information.

Ask for a list of certain disclosures with whom we've shared information

- You may ask for a list of certain disclosures of your health information made by us, if any. This list will not include disclosures, about treatment, payment, or health care operations and certain other disclosures you may have asked us to make.
- We will include all disclosures of health information for six years prior to the date you ask.
- We will provide this to you once per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Obtain a copy of this privacy notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Protecting your health information is important to us

- We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice.
- If you are concerned that we have violated your privacy rights, you may contact our Privacy Officer by calling 630-575-1962 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.
- If you wish to exercise any of your rights above, you may submit a written request. Forms will be available upon request at any of our facilities, or by calling the contact number at the end of this Notice.

Our Uses and Disclosures

We may, without your written authorization use and disclose your health information for the following purposes:

Help manage the health care treatment you receive

- We may use your health information in the provision and coordination of your health care. For example, your physical therapist may disclose your health information when consulting with your primary care physician regarding your medical condition.

Health care operations

- We may use or disclose your health information to monitor and support the operation of our facilities.
  For example, evaluating the quality of services provided, performing licensing and credentialing activities and other administrative functions.

Payment

- We can use and disclose your health information to bill and receive payment for your healthcare services.
  For example, we may contact your insurer to get paid for services that we delivered to you.

Patient contact

- We may contact you to set up or remind you about future appointments, billing, or payment matters.

Information Received from Part 2 Programs

- If we receive your health information from a Part 2 Program pursuant to a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes, we may further disclose such information without your written consent, to the extent permitted by HIPAA.

This Notice of Privacy Practices applies to Athletico Holdings, LLC and its subsidiaries and controlled affiliates (including, without limitation, Athletico, Ltd. and its subsidiaries) (collectively," Athletico"). Please visit our website for a full listing of all Athletico locations.

If you have any questions, or would like to discuss this Notice in more detail, please contact the privacy officer at 630-575-1962 or compliance@athletico.com.
This Notice is effective as of June 17, 2024.

Family members and others involved in your care

- Unless you object, we may disclose relevant health information to a family member, relative or close friend who is involved in your care or in payment of your care.
  For example, we may share information with a family member to help you understand your care, handle your bills, or schedule appointments.

Workers' compensation

- We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illnesses.

As required by law

- We may disclose health information about you when required by federal, state, or local law.

Health oversight activities

- We may use or disclose health information about you with health oversight agencies for activities authorized by law.
  For example, oversight activities may include audits, investigations, and inspections necessary for the government to monitor the health care system.

Marketing communications

- We may use and disclose your health information to contact you with information about treatment services, products, or new locations that we believe might be of interest to you.

Research

- We may use your health information for research purposes in certain circumstances with your authorization.

Public health and safety issues

- We may share your health information for certain situations such as, preventing disease, reporting suspected abuse, neglect, or domestic violence, preventing, or reducing a serious threat to anyone's health or safety.

Law enforcement and specialized government functions

- We may disclose your health information for law enforcement purposes as permitted by law. Under certain circumstances, we may disclose health information to units of the government with specialized functions

Respond to lawsuits and legal actions

- We may share health information about you in response to a court or administrative order, or in response to a subpoena or similar legal request. However, we may not use or disclose your health information contained in records we have received from substance use disorder programs subject to 42 C.F.R. Part 2 (Part 2), including information contained in communications we have received from such programs relaying the content of such records, in response to a request for the records associated with a civil, criminal, administrative, or legislative proceeding against you, unless we first have received your prior written consent or a court order accompanied by a subpoena that was obtained in accordance with the requirements of Part 2 that compels our disclosure of such information.

To business associates

- We may disclose your health information to our "business associates" - individuals or companies that provide services for Athletico.
  For example, a business associate would include the company that administers the billing claims for Athletico. In all cases, we require business associates to appropriately safeguard the privacy of your information.

To Parents and legal guardians of minors

- As permitted by federal and state law, we may disclose health information about minors to their parents or guardians.

Highly confidential information

- Federal and state laws provide additional privacy protection for certain confidential health information. This includes information dealing with mental health, HIV/AIDS, alcohol, and drug abuse treatment.

Health Information Exchanges. Athletico may participate in one or more health information exchanges (HIE), where we may share your health information, as allowed by law, with other health care providers or entities for coordination of your care. This allows health care providers at different facilities participating in you treatment to have the information needed to treat you. Currently, Athletico participates in Carequality HIE and CRISP (for Maryland Medicare Part B residents only). If you do not want Athletico to share your information in the Carequality HIE, you can opt-out by submitting your request to medical.records@athletico.com. For Maryland residents with Medicare Part B, please see additional information below regarding your regional health information exchange and opt-out provisions.

For State of Maryland Residents with Medicare Part B Only:

We have chosen to participate in the Chesapeake Regional Information System for our patients ("CRISP"), a regional health information exchange ("HIEs") serving Maryland. CRIPS is also affiliated with and shares data with other HEIs including those, in Alaska, Connecticut, D.C., Maryland and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by main, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances Information, as part of the Maryland Prescription Drug Monitoring Program ("PDMP"), will still be available to providers.

Uses and disclosures pursuant to an authorization

Other uses and disclosures of your protected health information, not described above, will be made only with your written authorization. You may revoke your authorization, in writing, at any time, except that a revocation will not affect any uses or disclosures we have made in reliance on such authorization.

Changes to the terms of this notice

We can change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request, posted at each of our facilities and our web site at athletico.com.

Notice of Availability of Language Assistance Services

We provide language assistance services. Appropriate auxiliary aids and services to provide information in accessible formats are available free of charge.
Call 1-877-575-0836 or speak to our clinic staff.

Español:

Proveemos servicios de asistencia lingüística. Están disponibles, de forma gratuita, ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-575-0836 o hable con el personal de nuestra clínica.

中文:

语言协助服务通知

本机构提供语言协助服务。我们免费提供适配的辅助工具与相关服务，以便于获取的形式向您提供信息。请致电 **1-877-575-0836**，或咨询诊所工作人员。

Polski:

Jeśli mówisz po polsku, możesz zasięgnąć bezpłatnej pomocy językowej. Odpowiednie pomoce i usługi wspierające umożliwiające skorzystanie z informacji w dostępnych formatach można również uzyskać bezpłatnie. Zadzwoń pod numer **1-877-575-0836** lub porozmawiaj z personelem naszej placówki.

العربية

نحن نقدم خدمات المساعدة اللغوية، كما تتوفر مجانًا وسائل وخدمات مساعدة مناسبة لتقديم المعلومات بصيغ يمكن الوصول إليها بالمجان. اتصل بالرقم 1- 877-575-0836 أو تحدث إلى موظفي عيادتنا.