



## Notice of Privacy Practices

*Effective July 1, 2019 / Updated February 15, 2026*

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.**

### PURPOSE OF THIS NOTICE

SPORT Physical Therapy Clinic is committed to preserving the privacy and confidentiality of your health information which is created and/or maintained at our clinic. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice applies to all health information that we create and/or maintain at our clinic, including any information that we receive from other health care providers or facilities. This Notice describes the ways in which we may use or disclose your health information, as well as your rights and our obligations regarding such uses or disclosures.

This Notice also applies to substance use treatment-related records under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 ("Part 2") that we receive or maintain. We also follow the confidentiality protections of Part 2 for such records. To the extent applicable state law is more stringent than Part 2 regarding how we may use or disclose your health information, we will comply with the more stringent state law.

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, which will identify its effective date, in our clinic and on our website at [sportptclinic.com](http://sportptclinic.com).

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our clinic;
2. All employees, students, and other service providers who have access to your health information at our clinic; and,
3. Any member of a volunteer group that is allowed to help you while receiving services at our clinic.

The individuals identified above will share your health information for purposes of treatment, payment, and health care operations, as further described in the Notice.

### **Uses and Disclosures of Health Information for Treatment, Payment, and Health Care Operations**

The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

1. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, and other personnel who are involved in your health care.

For example, the doctor who referred you for physical therapy may be treating you for a medical or orthopedic condition, and we may need to know about that and any other health problems that could complicate your treatment. We may use your medical history to decide what treatment is best for you. We will consult with your doctor and send reports about your treatment to the doctor. We do this to provide the most appropriate care for you.

Personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as telephoning your doctor and getting needed information. Family members and other health care providers may be part of your physical therapy outside this office and that may require us to provide information about you.

2. **Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.
3. **Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our clinic.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain treatments are effective for certain problems.

We may also disclose your health information to your health plan and other health care providers who care for you in order to help these plans and providers evaluate or improve care, reduce cost, coordinate and manage health care services, train staff, and comply with the law.

## **Uses and Disclosures of Health Information in Special Situations**

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for below.

1. **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.
2. **Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you.
3. **Family Members/Personal Representatives/Friends.** We may disclose your health information to individuals, such as family members, personal representatives (appointed by you or designated by applicable law), and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the exam room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members, personal representatives, or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our clinic with an emergency medical condition, we may share information with the family member, personal representative, or friend who comes with you to our clinic.

## **Other Permitted or Required Uses and Disclosures of Health Information**

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As required by law.** We may disclose your health information when required by federal, state, or local laws to do so. For example, we are required by the Department of Health and Human Services (HHS) to disclose your health information in order to allow HHS to evaluate whether we are in compliance with the federal privacy regulations.

2. **Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
3. **Business Associates.** We may share your health information with outside vendors, such as accountants, consultants, third-party billing companies, and attorneys, to provide us with services. These vendors are called “business associates,” and they are required to safeguard your health information by HIPAA and by contract.
4. **Abuse or Neglect.** We may disclose your health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your health information if we believe that you have been a victim of abuse, neglect, or domestic violence to a governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of federal and state laws.
5. **Health Oversight Activities.** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
6. **Judicial or Administrative Proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
7. **Worker’s Compensation.** We may disclose your health information to worker’s compensation programs when your health condition arises out of a work-related illness or injury. These programs provide benefits for work-related injuries or illnesses.
8. **Law Enforcement Official.** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
9. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
10. **Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
11. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information which is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address, or other identifying information.
12. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
13. **Military and Veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
14. **National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
15. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you and another person; or (iii) for the safety and security of the correctional institution.

## **Uses and Disclosures Pursuant to Your Written/Signed Authorization**

Other uses and disclosures not described in this Notice will be made only with the individual's written authorization. You may revoke (take back) an authorization you had previously provided by giving us written notice. In that case, we will cease using or disclosing your information for the purpose you had authorized. However, we are unable to retract or invalidate any uses or disclosures made with your permission before you revoked your authorization. The following are some examples of uses or disclosures that require your authorization:

- **Psychotherapy Notes** – We do not typically maintain psychotherapy notes on any of our patients. However, if we wanted to use or disclose any psychotherapy notes we had in our possession (for instance, as part of your medical record), we would have to ask for your authorization to do so, unless the use or disclosure was to undertake certain treatment, payment, or health care operation activities as described above.
- **Other Sensitive Information** – In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. We do not generally maintain this type of information. But, if we do, we may be required to get your written permission before disclosing it to others, and we may seek that permission if permitted by law.
- **Marketing/Fundraising** – We must obtain your authorization before we use or disclose your health information for marketing and/or fundraising purposes. You have the right to opt out of receiving marketing/fundraising communications at any time. Your decision to opt out will not affect your access to care.
- **Sale of Health Information** – We will not sell your health information. However, if we change this policy in the future, we will be required to seek your authorization before selling any of your health information.

**Redisclosure Notice:** If your health information is disclosed to a third party, that party may be permitted to redisclose the information, and it may no longer be protected by HIPAA. However, substance use disorder records may continue to be protected by federal law even after disclosure, depending on the circumstances.

## **Substance Use Disorder (SUD) Records – 2026 Federal Protection Notice**

There is the possibility that SPORT Physical Therapy may receive and maintain SUD-related information incidentally and that information may be subject to additional federal privacy protections, including records related to the diagnosis, treatment, or referral for treatment of a substance use disorder. These records are protected by federal law **42 CFR Part 2**, which, in some cases provides additional protections for records related to SUD diagnosis, treatment, or referral for treatment that are maintained by certain programs.

- **Use and Disclosure:** SUD-related records will not be used or disclosed without your written consent except as permitted or required by law, including certain circumstances related to treatment, payment, health care operations, public health, or emergencies, as allowed under 42 CFR Part 2 and HIPAA.
- **Redisclosure:** When SUD records are disclosed pursuant to your consent or as permitted by law, the recipient may be subject to restrictions on redisclosure under federal law.
- **Law Enforcement:** SUD records are generally not disclosed for law enforcement purposes without specific legal authorization.
- **Your Rights:** You have rights related to access, amendment, and accounting of disclosures of SUD records, subject to applicable law.

## **Your Rights Regarding Your Health Information**

You have the following rights regarding your health information. You may exercise each of these rights, in writing:

1. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated supplies.

We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

2. **Right to Amend.** You have the right to request an amendment of your health information that is maintained by or for our clinic and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for our clinic; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your health information made by us. This accounting will not include the disclosures of health information that we made for purposes of treatment, payment, or health care operations or pursuant to a written authorization that you have signed.

To obtain this accounting, you must submit your request, in writing, to our Privacy Officer. It must state the time period for which you want an accounting. The time period may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member, personal representative, or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

If you or someone on your behalf pays for a service in full and you request that we not disclose information about the service to your health plan for purposes of payment of health care operations, we are required to agree to your request unless the disclosure is required by law. For all other types of restriction requests, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclosure the information.

To request restrictions, you may complete and submit the “Request for Restriction” form to our Privacy Officer. We will provide you with this form at your request.

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the “Request for Restriction” and/or “Confidential Communication” form to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. **Right to be Notified of a Breach.** In the event some portion of your health information is lost, stolen, or otherwise improperly accessed, you have the right to be informed to the extent required under applicable law. You will be informed in writing unless you have previously established a preference for electronic communications.

7. **Right to Revoke an Authorization.** You have the right to revoke your written authorization to use and disclose your health information at any time. You must inform us of the revocation in writing. If you revoke your written authorization, we will stop sharing your health information. However, any information already used or shared while the authorization was valid cannot be taken back. We are required by law to keep a record of the medical treatment you receive, regardless of whether you give us written permission to use or share it. You do not have the right to have information removed from your record.

8. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

## **Questions or Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with our clinic, contact our Privacy Officer at SPORT Physical Therapy Clinic. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer:

SPORT PHYSICAL THERAPY CLINIC  
ATTN: Privacy Officer  
3506 12<sup>th</sup> Street  
Lewiston, ID 83501  
PH: 208.746.0214