

Notice of Privacy Practices

Required HIPAA Disclosures for Patients

Effective Date: May 8, 2026

Last Updated: May 8, 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 This Notice Applies To

This Notice of Privacy Practices (“Notice”) applies to HIDEF Physical Therapy and HIDEF Sports & Physical Therapy, including all clinic locations operated under those names (collectively, “HIDEF,” “we,” “our,” or “us”). It applies to all protected health information (“PHI”) created, received, or maintained by HIDEF in connection with your care, regardless of the location where you receive services.

HIDEF is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Notify you in the event of a breach of unsecured PHI
- Follow the terms of the Notice currently in effect

2. How We May Use and Disclose Your PHI Without Your Authorization

The following categories describe ways we may use and disclose your PHI without obtaining your written authorization. Not every permitted use or disclosure is listed; categories below are examples.

A. Treatment

We use and disclose PHI to provide, coordinate, and manage your physical therapy care. This includes:

- Sharing information among HIDEF clinicians and staff involved in your care
- Communicating with referring providers, surgeons, and other healthcare professionals about your treatment
- Coordinating with athletic trainers, sports medicine providers, and other members of your care team

B. Payment

We use and disclose PHI to obtain payment for the services we provide. This includes:

- Billing your health plan or insurance carrier
- Verifying coverage and eligibility
- Obtaining prior authorization for services
- Communicating with collection agencies, where necessary

C. Healthcare Operations

We use and disclose PHI for activities necessary to operate HIDEF, including:

- Quality assessment and improvement
- Clinician training, evaluation, and education (including student PT and resident programs)
- Credentialing and peer review
- Business planning, management, and general administration
- Auditing and compliance

D. Other Permitted Uses and Disclosures

We may also use or disclose PHI without your authorization in the following circumstances, as permitted by law:

- **Required by law** – when use or disclosure is required by federal, state, or local law
- **Public health activities** – to public health authorities for disease prevention, injury reporting, FDA-required reporting, and similar purposes
- **Health oversight activities** – to agencies authorized by law (e.g., audits, investigations, licensure)
- **Judicial and administrative proceedings** – in response to a court order, subpoena, or discovery request, with required notice protections
- **Law enforcement** – for limited purposes such as identifying a suspect, victim, or missing person, or reporting certain injuries
- **Coroners, medical examiners, and funeral directors** – to identify a deceased person or determine cause of death

- **Organ and tissue donation** – to organizations involved in procurement, banking, or transplantation
- **Research** – when approved by an Institutional Review Board with appropriate privacy protections
- **Serious threat to health or safety** – to prevent or lessen a serious and imminent threat
- **Specialized government functions** – including military, national security, and protective services
- **Workers' compensation** – to comply with workers' compensation laws
- **Reporting victims of abuse, neglect, or domestic violence** – as required or permitted by law

E. Business Associates

We share PHI with third parties that perform services on our behalf, including our electronic medical record vendor (Prompt EMR), billing services, IT providers, and other contractors. These vendors are bound by written Business Associate Agreements that require them to safeguard your PHI consistent with HIPAA.

F. Appointment Reminders, Treatment Alternatives, and Health-Related Benefits

We may contact you to remind you of appointments, inform you of treatment alternatives, or share information about health-related products and services we offer. You may opt out of these communications at any time by contacting our Privacy Officer.

3. Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will be made only with your written authorization:

- **Marketing communications** that involve payment from a third party
- **Sale of PHI** (which HIDEF does not engage in)
- **Most uses and disclosures of psychotherapy notes** (HIDEF generally does not maintain psychotherapy notes as a physical therapy practice)
- **Other uses or disclosures not described in this Notice**

You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

4. Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

A. Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI in our designated record set, including your treatment records, billing records, and other records used to make decisions about you. You may request electronic or paper copies. We may charge a reasonable, cost-based fee for copies as permitted by law.

To request access, submit a written request to our Privacy Officer. We will respond within 30 days (with one 30-day extension permitted).

B. Right to Request Amendment

If you believe PHI we maintain about you is incorrect or incomplete, you have the right to request that we amend it. Submit a written request stating the reason for the amendment. We may deny the request in limited circumstances; if we do, you may submit a statement of disagreement, which we will include in your record.

C. Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your PHI in the six years before your request. The accounting will not include disclosures made for treatment, payment, or healthcare operations, disclosures made to you, disclosures pursuant to your authorization, or certain other disclosures excluded by law. We will provide one accounting per 12-month period at no charge.

D. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request, except in one circumstance: if you pay for a service or item in full out of pocket and request that we not disclose the related PHI to your health plan, we are required to honor that request.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI in a specific way or at a specific location. For example, you may ask that we contact you only at a particular phone number, only by mail at a specific address, or only via a specific email address.

You may also request that we leave detailed voicemails, send text messages with appointment or benefits information, or use other methods that are not encrypted. We will accommodate reasonable requests.

If you choose to communicate with us via unencrypted methods such as standard text messaging or unencrypted email, we will inform you of the associated risks (including the possibility that messages may be intercepted, viewed by others with access to your device, or stored on systems we do not control). Your continued use of these communication methods after receiving this notice constitutes consent.

To make a confidential communications request, contact our Privacy Officer or note your preference on your intake paperwork.

F. Right to Be Notified of a Breach

You have the right to be notified in the event of a breach of unsecured PHI. We will provide notice in accordance with HIPAA and applicable state breach notification laws, including Washington's data breach laws.

G. Right to a Paper Copy of This Notice

You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Paper copies are available at any HIDEF clinic or by contacting our Privacy Officer.

H. Right to Choose Someone to Act on Your Behalf

If you have a personal representative with legal authority to act on your behalf (such as a parent of a minor, guardian, or holder of a healthcare power of attorney), that person may exercise your rights under this Notice with appropriate documentation.

5. Our Duties

HIDEF is required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you in the event of a breach of unsecured PHI
- Not retaliate against you for exercising any of your rights under this Notice

6. Changes to This Notice

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain. The current Notice will be posted at every HIDEF clinic and on www.hidefpt.com, and a paper copy will be available on request. The “Effective Date” at the top of this Notice indicates when the current version took effect.

7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

A. To File a Complaint With HIDEF

Contact our Privacy Officer:

**HIDEF Physical Therapy Attn: W. Zach Smith, Privacy Officer 17709 SE 272nd St Suite C
Covington, WA 98042 Email: business@hidefpt.com**

B. To File a Complaint With HHS

**U.S. Department of Health and Human Services Office for Civil Rights 200 Independence
Avenue, S.W. Washington, D.C. 20201 Phone: 1-877-696-6775
<https://www.hhs.gov/ocr/complaints/>**

8. Acknowledgment of Receipt

We will ask you to sign an acknowledgment that you have received a copy of this Notice. If you decline to sign, we will document our good-faith effort to obtain acknowledgment. Declining to sign does not affect your right to receive care or limit our ability to use or disclose PHI as described in this Notice.

9. Contact

For questions about this Notice or your privacy rights:

**W. Zach Smith, Privacy Officer HIDEF Physical Therapy 17709 SE 272nd St Suite C
Covington, WA 98042 Email: business@hidefpt.com**

HIDEF Physical Therapy — Committed to the Comeback