

NOTICE OF PRIVACY PRACTICES

(HIPAA / California Confidentiality of Medical Information Act)

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.

Effective Date: May 13, 2026

This Notice supersedes any prior Notice of Privacy Practices dated before the Effective Date above.

1. Who This Notice Applies To

This Notice describes the privacy practices of the independent licensed providers of **South Bay Physical Therapy & Wellness Concierge Network** (“we,” “us,” or “our”), California-licensed physical therapists providing in-home physical therapy and wellness services in Los Angeles County and the surrounding area. It applies to all members of our workforce, including employees, contractors, students, and volunteers, and to anyone who provides services on our behalf.

We are a “covered entity” under the federal Health Insurance Portability and Accountability Act of 1996, as amended by the HITECH Act (“HIPAA”), 45 C.F.R. Parts 160 and 164, and a “provider of health care” under the California Confidentiality of Medical Information Act (“CMIA”), Cal. Civ. Code §§ 56 et seq. We are required by law to protect the privacy of your “Protected Health Information” (PHI) and to provide you with this Notice.

2. What Is Protected Health Information?

Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition; the health care provided to you; or the payment for that care. Under California law, “medical information” has a similar definition under Cal. Civ. Code § 56.05 and includes information about your place of birth and immigration status when known or recorded.

3. Our Legal Duties

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing our legal duties and privacy practices regarding your PHI.
- Follow the terms of the Notice currently in effect.
- Notify you in the event of a breach of your unsecured PHI, as required by 45 C.F.R. § 164.404 and Cal. Civ. Code § 1798.29.
- Where state law (CMIA, California Patient Access to Health Records Act, and other applicable California laws) is more protective of your privacy than HIPAA, follow the stricter standard.

4. How We May Use and Disclose Your PHI Without Your Written Authorization

HIPAA and California law allow us to use and disclose your PHI for certain purposes without your written authorization. The most common categories are described below.

4.1 Treatment

We use and disclose your PHI to provide, coordinate, or manage your physical therapy care, including consultation with and referral to other health-care providers. Example: We may share your evaluation and progress notes with your physician so they can sign your plan of care, or with your home-health nurse so they can coordinate wound care.

4.2 Payment

We use and disclose your PHI to bill and collect payment for the services we provide. Example: We may send claim information, treatment notes, and codes to your health plan, Medicare, Medi-Cal, or workers' compensation carrier to obtain payment.

4.3 Health Care Operations

We use and disclose your PHI for activities necessary to run our practice. Examples include quality improvement, peer review, training students and staff, scheduling, credentialing, auditing, legal services, and business management. We will not use or disclose more PHI than is reasonably necessary for these purposes.

4.4 Appointment Reminders, Treatment Alternatives, and Health-Related Benefits

We may contact you to remind you of appointments, follow up after a session, or describe physical therapy treatment options and health-related products or services that may benefit you. Methods may include telephone, voicemail, text/SMS, email, postal mail, or patient portal, consistent with your stated preferences and the federal Telephone Consumer Protection Act.

4.5 Persons Involved in Your Care

Unless you object, we may share PHI directly relevant to your care with a family member, friend, caregiver, or other person you identify (45 C.F.R. § 164.510(b)). When you are not present or are incapacitated, we will use our professional judgment to share only what is in your best interest. Because services are provided in your home, household members may incidentally see or hear PHI; we will take reasonable safeguards but cannot eliminate this risk.

4.6 Required by Law

We will disclose PHI when required to do so by federal, state, or local law, including subpoenas, court orders, and administrative orders, subject to all applicable limitations under California law.

4.7 Public Health and Safety Activities

- Reporting to public-health authorities to prevent or control disease, injury, or disability.
- Reporting adverse events, product defects, or recalls to the FDA.
- Reporting suspected child abuse or neglect (Cal. Penal Code §§ 11164–11174.3).
- Reporting suspected elder or dependent-adult abuse (Cal. Welf. & Inst. Code §§ 15630 et seq.).
- Reporting injuries from firearms or assaultive conduct (Cal. Penal Code § 11160).
- Reporting to prevent a serious and imminent threat to the health or safety of you or others (Tarasoff-type warnings, where applicable).

4.8 Health Oversight Activities

We may disclose PHI to health-oversight agencies for audits, investigations, inspections, and licensure activities, including the Physical Therapy Board of California, the California Department of Public Health, the U.S.

Department of Health & Human Services Office for Civil Rights, and the Centers for Medicare & Medicaid Services.

4.9 Judicial and Administrative Proceedings

We may disclose PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, only after we have received satisfactory assurances that reasonable efforts have been made to notify you or to obtain a qualified protective order, as required by 45 C.F.R. § 164.512(e).

4.10 Law Enforcement

We may disclose PHI to law enforcement officials as permitted by 45 C.F.R. § 164.512(f) and California law, for example to comply with a court order, warrant, grand-jury subpoena, or to report a crime committed on our premises. California law may be more protective than HIPAA in many of these situations, and we will follow the stricter standard.

4.11 Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

4.12 Organ and Tissue Donation

If you are an organ donor, we may release PHI to organizations that handle organ procurement, transplantation, or donation banks.

4.13 Research

We may use or disclose PHI for research purposes only when the research has been approved by an Institutional Review Board or Privacy Board, or with your written authorization.

4.14 Workers' Compensation

We may disclose PHI to comply with workers' compensation laws (Cal. Lab. Code §§ 3200 et seq.) and related programs that provide benefits for work-related injuries or illness.

4.15 Military, Veterans, National Security, and Inmates

If applicable, we may disclose PHI as required for military command authorities, national security and intelligence activities, protective services for the President and others, or for individuals in lawful custody, as permitted by 45 C.F.R. § 164.512.

4.16 Business Associates

We may share PHI with third parties that perform services on our behalf, such as billing companies, electronic health-record vendors, scheduling and telehealth platforms, accountants, attorneys, IT support, and document-shredding services. These "Business Associates" are required by written contract to protect your PHI consistent with HIPAA and CMIA.

5. Heightened California Protections for Sensitive Information

California law provides stronger protections than HIPAA for certain categories of medical information. We will not use or disclose information related to the following "sensitive services" without your express written authorization, except as specifically permitted or required by law:

- Mental and behavioral health services.
- Sexual and reproductive health services (including pregnancy, contraception, and abortion-related care).
- Sexually transmitted infections (STIs), including HIV/AIDS (Cal. Health & Safety Code § 120975 et seq.).
- Substance-use disorder treatment, including records subject to 42 C.F.R. Part 2.

- Gender-affirming care.
- Intimate-partner violence services.
- Genetic information (Cal. Civ. Code § 56.18; federal GINA, 42 U.S.C. § 2000ff).
- Information about your place of birth or immigration status (Cal. Civ. Code § 56.05, as amended).

If we are notified that you are seeking confidential communications for sensitive services, we will direct communications about those services to the address or telephone number you designate, as required by Cal. Health & Safety Code § 1374.16 and § 791.29.

6. Substance Use Disorder Records (42 C.F.R. Part 2)

If we create, maintain, or receive records identifying you as a person with a substance-use disorder from a federally assisted Part 2 program, those records receive additional protections under 42 C.F.R. Part 2, as updated by the 2024 Part 2 Final Rule. Specifically:

- Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order issued after notice and an opportunity to be heard.
- Disclosures for treatment, payment, and health-care operations require your single written consent, which you may revoke in writing at any time (except to the extent we have already relied on it).
- Re-disclosure of Part 2 records by a recipient is restricted.
- You have the right to request a list of disclosures of your Part 2 records made for treatment, payment, and health-care operations purposes.

7. Reproductive Health Care Information

California law (including the Reproductive Privacy Act and recent amendments to the CMIA) provides strong protections for information about reproductive health care, including pregnancy, contraception, miscarriage, and abortion. We will follow the stricter of HIPAA or California law when responding to any request for this information, and we will refuse to disclose such information for the purpose of investigating or imposing liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care, to the maximum extent permitted by law.

8. Uses and Disclosures That Require Your Written Authorization

Except for the purposes described above, we will not use or disclose your PHI without your written authorization. Authorizations must be in writing, dated, and signed by you (or your personal representative); under California law they must be either handwritten by you or printed in at least 14-point type. You may revoke your authorization in writing at any time, except to the extent we have already relied on it. The following uses and disclosures ALWAYS require your written authorization:

- Most uses and disclosures of psychotherapy notes (where they exist).
- Uses and disclosures for marketing purposes.
- Disclosures that constitute the sale of PHI.
- Use or disclosure of PHI for fundraising, beyond the limited authority HIPAA permits without authorization.
- Any other use or disclosure not described in this Notice.

9. Your Rights Regarding Your Health Information

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, contact our Privacy Officer using the information in Section 13.

9.1 Right to Inspect and Obtain a Copy of Your Records

You have the right to inspect and obtain a copy of your PHI in a designated record set (45 C.F.R. § 164.524; Cal. Health & Safety Code §§ 123100–123149). We will provide records in the form and format you request if readily producible, including electronic copies. Under California law, you have a right of access within 5 business days for inspection and within 15 business days to receive a copy after a written request. We may charge a reasonable, cost-based fee (no more than the amount permitted under Cal. Health & Safety Code § 123110). In limited circumstances we may deny access, and you may have the right to have the denial reviewed.

9.2 Right to Request an Amendment

You have the right to request that we amend PHI you believe is incorrect or incomplete (45 C.F.R. § 164.526; Cal. Health & Safety Code § 123111). Your request must be in writing and must explain the reason. We may deny the request in certain circumstances, and you may submit a written statement of disagreement that will be added to your record.

9.3 Right to an Accounting of Disclosures

You have the right to receive a list of certain disclosures of your PHI made by us in the six years prior to your request (45 C.F.R. § 164.528). The first accounting in any 12-month period is free; we may charge a reasonable cost-based fee for additional requests after giving you advance notice.

9.4 Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health-care operations (45 C.F.R. § 164.522). We are not required to agree, except that we **MUST** agree to your request to restrict disclosure of PHI to a health plan if (a) the disclosure is for payment or health-care operations and is not otherwise required by law, AND (b) the PHI pertains solely to a service for which you, or someone on your behalf other than the health plan, has paid in full out of pocket.

9.5 Right to 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, only by mobile phone, only at a particular address, or only at a confidential email). We will accommodate reasonable requests, and we will accommodate requests related to sensitive services without requiring you to explain the basis, consistent with Cal. Health & Safety Code § 1374.16.

9.6 Right to a Paper Copy of This Notice

Even if you have agreed to receive this Notice electronically, you have the right to receive a paper copy upon request.

9.7 Right to Be Notified of a Breach

You have the right to be notified following a breach of your unsecured PHI as required by HIPAA (45 C.F.R. §§ 164.400–164.414) and California breach-notification law (Cal. Civ. Code § 1798.29; Cal. Health & Safety Code § 1280.15).

9.8 Right to Choose Someone to Act for You

If you have given someone medical power of attorney, or if someone is your legal guardian, conservator, or personal representative, that person can exercise your rights and make choices about your health information. We will verify the person's authority before taking action.

9.9 Right to Opt Out of Certain Communications

You may opt out of fundraising communications and may revoke prior consent to receive marketing communications, text messages, or emails at any time by contacting us.

9.10 Right to File a Complaint Without Retaliation

You may file a complaint if you believe your privacy rights have been violated. We will not retaliate against you in any way for filing a complaint. See Section 12.

10. Changes to This Notice

We reserve the right to change this Notice and to make the revised Notice effective for all PHI we maintain, including information created or received before the change. The revised Notice will include a new Effective Date. We will post a copy of the current Notice in our office (or with our mobile-services materials), on our website (if any), and we will provide a copy to you upon request and at your next service following a material change.

11. How We Provide This Notice

Because we provide services in your home, we will provide you with this Notice on or before the date we first deliver services to you, and we will make a good-faith effort to obtain your written acknowledgment of receipt. We will also provide a copy upon request and post the current Notice on our website. If you agree, we may deliver this Notice and updated versions to you electronically.

12. How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us, with the federal government, and/or with the State of California:

With Us

Contact our Privacy Officer (see Section 13). Complaints should be in writing and should describe the conduct you believe violated your privacy rights.

With the U.S. Department of Health & Human Services

Office for Civil Rights, U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

Toll-free: 1-877-696-6775 | www.hhs.gov/ocr/privacy/hipaa/complaints

With the State of California

California Attorney General, Bureau of Medi-Cal Fraud and Elder Abuse / Privacy Enforcement & Protection Unit, P.O. Box 944255, Sacramento, CA 94244-2550.

Website: oag.ca.gov/privacy

California Department of Public Health, Licensing & Certification (for certain providers): www.cdph.ca.gov

Physical Therapy Board of California: 2005 Evergreen Street, Suite 2600, Sacramento, CA 95815 | (916) 561-8200 | www.ptbc.ca.gov

You will not be retaliated against, refused services, or have your benefits reduced in any way for filing a complaint.

13. Privacy Officer / Contact Information

For questions about this Notice, to request an amendment or accounting, to authorize or revoke a disclosure, or to file a complaint, please contact our Privacy Officer:

Email: info.southbaypt@gmail.com

14. Non-Discrimination and Language Access

We comply with applicable federal and state civil-rights laws, including Section 1557 of the Affordable Care Act, the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, and the California Unruh Civil Rights Act. We do not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other characteristic protected by law. Language-assistance services and reasonable accommodations (including large-print, Braille, audio, and qualified interpreters) are available free of charge — contact our Privacy Officer.

Spanish (Español): Si habla español, los servicios de asistencia lingüística están disponibles para usted sin costo. Llame al [phone].

Chinese (繁體中文): 如果您講中文, 您可以免費獲得語言協助服務。請致電 [phone]。

Tagalog: Kung nagsasalita ka ng Tagalog, maaari kang makakuha ng mga libreng serbisyo ng tulong sa wika. Tumawag sa [phone].

Vietnamese (Tiếng Việt): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [phone].

Korean (한국어): 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [phone] 번으로 전화해 주십시오.

Armenian (Հայերեն): Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել [եզվական աջակցության ծառայություններ: Չանգահարեք [phone].