NOTICE OF PATIENT INFORMATION PRACTICES

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: November 1, 2026

SYNERGY PHYSICAL THERAPY'S LEGAL DUTY

Synergy Physical Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices, follow the notice currently in effect, and notify you if a breach compromises the privacy or security of your information.

USES AND DISCLOSURES OF HEALTH INFORMATION

Synergy Physical Therapy uses and shares your personal health information for treatment, such as sending progress notes to your referring physician; for payment, such as billing your insurance for your visits; and for health care operations, such as reviewing records to evaluate the quality of care we provide. We may contact you by phone, text, or email with appointment reminders or information about treatment alternatives or other health related benefits. Unless you object, we may share information with a family member or friend involved in your care or payment. Vendors who help us, such as billing and IT companies, must agree to protect your information.

Synergy Physical Therapy may also use or disclose your personal health information without prior authorization when required by law and for public health and safety; reporting abuse, neglect, or domestic violence; health oversight audits and investigations; court orders and subpoenas; law enforcement; serious threats to health or safety; workers' compensation; coroners, medical examiners, and funeral directors; organ donation; approved research; military, veterans, and national security purposes; correctional institutions; disaster relief; and HHS compliance reviews.

We will not use your information for marketing, sell your information, or share psychotherapy notes without your written authorization. In any other situation not described here, we will obtain your written authorization before disclosing your personal health information. You may revoke an authorization in writing at any time to stop future disclosures.

Synergy Physical Therapy may change this notice at any time, and changes will apply to all information we hold. The current notice is posted at each clinic and at Synergy.Fit, and you may request a copy at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a paper or electronic copy of your personal health information, usually within 30 days; a reasonable, cost-based fee may apply. You have the right to request that we correct inaccurate or incomplete information in your records. You have the right to request a list of disclosures made in the past six years for reasons other than treatment, payment, health care operations, or those you authorized. You may ask us to contact you in a specific way or at a different address, and we will agree to reasonable requests. You may request that we limit how we use or disclose your information. We are not required to agree, except that if you pay out of pocket in full, we will not share that service with your health plan unless the law requires it. You may request a paper copy of this notice at any time, and a legal guardian or medical power of attorney may exercise these rights for you.

CONCERNS AND COMPLAINTS

If you believe we may have violated your privacy rights, or you disagree with a decision we made about access to or disclosure of your personal health information, please contact our Privacy Officer at the address listed below. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue SW, Washington, D.C. 20201, 1-877-696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Attn: David Hunt, Privacy Officer

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