NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: Jan. 2024

This Notice provides an overview of the privacy practices of Bodhizone Human Performance & Sports PT, PC (also referred to in this Notice as "we,"
"us," and/or "our"). The privacy practices described in this Notice will be followed by all Bodhizone Human Performance & Sports PT, PC healthcare professionals, employees, staff, trainees, students, volunteers, and business associates. If you have any questions about this Notice, please contact our Privacy Officer.

This Notice describes how protected health information (defined below) about you may be used and disclosed and how you can get access to this protected health information. This Notice is not a complete listing of how we use and disclose your protected health information. This Notice applies to all protected health information held in any form by the Bodhizone Human Performance & Sports PT, PC entities listed at the end of this Notice. Please review this Notice carefully.

Protected health information (also referred to in this Notice as "medical record," "health information," and/or "information") is your individually identifiable information, whether in electronic, paper, or oral form, which may include, but is not limited to, your geographic information, your demographic information, information on healthcare services you have received or may receive in the future, your healthcare insurance benefits, full-face photographs and any comparable images of you, and any unique numbers that may identify you.

Your Information. Your Rights. Our Responsibilities.

Your Rights.

See page 2 for details on these rights and how to exercise them.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices.

See page 3 for details on these choices and how to exercise them.

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures.

See page 3 and 4 for details on these uses and disclosures.

We may use and share your information as we: Tell family and friends about your condition:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights	**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.
Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To request a copy of your medical record, please contact our Medical Records Department. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete by submitting the request in writing to the Privacy Officer, along with proper documentation to support the request. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.
Ask us to 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.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get 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.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting our Privacy Officer. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ • We will not retaliate against you for filing a complaint.

Your Choices	**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, please contact our Privacy Officer regarding your preference, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:	• Marketing purposes • Sale of your information
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.
Our Uses and Disclosures	**How do we typically use or share your health information?** We typically use or share your health information in the following ways.
Treat you	• We can use your health information and share it with other professionals who are treating you without your consent. Example: The physical therapist treating you for an injury shares your treatment notes with your physician.
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary without your consent. Example: We use health information about you to manage your treatment and services.
Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities without your consent. Example: We give information about you to your health insurance plan so it will pay for your services.
How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html	
Help with public health and safety issues	• We can share health information about you for certain situations such as: – Preventing disease – Helping with product recalls – Reporting adverse reactions to medications – Reporting suspected abuse, neglect, or domestic violence – Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.

Our Uses and Disclosures (Continued from pg 3.)	**How do we typically use or share your health information?** We typically use or share your health information in the following ways.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: – For workers' compensation claims – For law enforcement purposes or with a law enforcement official – With health oversight agencies for activities authorized by law – For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and provide you a copy of this Notice.
- We will not use or share your information other than as described in this Notice unless you tell us we can in writing by completing and signing our HIPAA Authorization Form. If you tell us we can use or share your information other than as described in this Notice, you may change your mind at any time by informing our Privacy Officer of the change in writing.

Note on Incidental Disclosures
Despite our implementation of reasonable and appropriate safeguards to protect the privacy of your protected health information, your protected health information may be incidentally disclosed in connection with otherwise permissible or required uses or disclosures of your information. For example, other patients in the treatment area may observe and/or overhear discussions regarding your protected health information during the course of your treatment session. The HIPAA Privacy Rule permits such incidental disclosures of your protected health information.

Changes to the Terms of this Notice
We can change the terms of this Notice without first notifying you, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to Bodhizone Human Performance & Sports PT, PC & David Mun, MD, PC.

For more information regarding the Notice of Privacy Practices, please see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/Noticepp.html