903 Physical Therapy PLLC
NOTICE of PRIVACY 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 This Document Carefully.

About Protected Health Information (PHI).

In this Notice, "we," "our," or "us" means 903 Physical Therapy PLLC and our workforce of employees, contractors, and volunteers; "you" and "your" refer to each of our patients who are entitled to a copy of this Notice.

We are required by federal and state law to protect the privacy of your health information. For example, federal health information privacy regulations require us to protect information about you in the manner that we describe here in this Notice. Certain types of health information may specifically identify you. Because we must protect this health information, we call this Protected Health Information---or "PHI." In this Notice, we tell you about:

- How we use your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or a complaint

Some of the ways we use (within the organization) or disclose (outside of the organization) your Protected Health Information

We will use your PHI to treat you. We will use your PHI and disclose it to get paid for your care and related services. We use or disclose your PHI for certain activities that we call "healthcare operations." We will also use or disclose your PHI as required or permitted by law. We will give you examples of each of these to help explain them; space does not permit a complete list of all uses or disclosures; you can contact us if you have any questions.

1. Treatment

We use and disclose your PHI in the course of your treatment. For instance, once we have completed your evaluation or re-evaluation, we will send a copy or summary of our report to your referring physician. We also maintain records detailing the care and services you receive at our facility so that we can be accurate and consistent in carrying out that care in an optimal manner; that record also assists us in meeting specific legal

requirements. These records may be used and/or disclosed by members of our workforce to ensure that proper and optimal care is rendered.

2. Payment Involving a Third-Party Payer

After we treat you, we will typically bill a third party for the services you receive. We will collect the treatment information, enter the data into our computer, and then process a claim either on paper or electronically. The claim form will detail your health problem and what treatments you received, and it will include other information such as your social security number, your insurance policy number, and other identifying pieces of information. The third-party payer may also ask to see the records of your care to make sure that the services are medically necessary. When we use and disclose your information in this way, it helps us get paid for your care and treatment.

3. Payment Exclusive of a Third Party Payer (fully self-pay)

If you choose to pay for your services in full without involving a third party (insurer, employer, etc.), you may request that we not disclose any information regarding your services for payment purposes.

4. Health Care Operations

We also use and disclose your PHI in our healthcare operations. For example, our therapists meet periodically to study clinical records and monitor the quality of care at our facility. Your records and PHI could be used in these quality assessments. Sometimes, we participate in student internship programs, and we use the PHI of actual patients to test them on their skills and knowledge. Other operational tasks may involve business planning and compliance monitoring or even the investigation and resolution of a complaint.

5. Special Uses

We also use or disclose your PHI for purposes that involve your relationship with us as a patient. We may use or disclose your PHI to:

- Update your workers' compensation case worker or employer
- *Remind you of appointments*
- *Carry out follow-ups on home programs that you have been taught*
- *Advise you of new or updated services or home supplies (you can choose to opt out of receiving any notices of this kind)*
- *Release equipment and/or supplies to your designee*
- *Carry out follow-ups on your home programs or discharge planning*

- *Advise you of new or updated services or home supplies via telecommunication or via a newsletter (you can choose to opt-out of receiving information of this nature from us)*
- *Carry out research that does not directly identify you*
- *Carry out marketing functions such as providing nominal promotional gifts (you can choose to opt out of receiving any marketing information or items from us)*
- *Contact you regarding fundraising projects that we are engaged in (you can choose to opt-out of any fundraising project notification that we engage in)*

Note: If we receive direct or indirect financial remuneration from a third party for marketing a product or item or for any fundraising we are engaged in, we will offer you the opportunity to opt out of receiving any of these materials.

6. Uses & Disclosures Required or Permitted by Law

Many laws and regulations apply to us that affect your PHI; they may either require or permit us to use or disclose your PHI. Here is a list from the federal health information privacy regulations describing required or permitted uses and disclosures:

Permitted:

- If you do not verbally object, we may share some of your PHI with a family member or friend if they are involved in your care.
- We may use your PHI in an emergency if you are not able to express yourself.
- If we receive certain assurance that protects your privacy, we may use or disclose your PHI for research; 903 Physical Therapy PLLC will always obtain an authorization from you even though it is 'permitted' without one.

Required:

- When required by law, for example, when ordered by a court to turn over certain types of your PHI, we must do so
- For public health activities such as reporting a communicable disease or reporting an adverse reaction to the Food and Drug Administration
- To report neglect, abuse, or domestic violence
- To the government regulators or its agents to determine whether we comply with applicable rules and regulations
- In judicial or administrative proceedings, such as a response to a valid subpoena
- When properly requested by law enforcement officials or other legal requirements such as reporting gunshot wounds
- To avert a health hazard or to respond to a threat to public safety, such as an imminent crime against another person

- Deemed necessary by appropriate military command authorities if you are in the Armed Forces
- In connection with certain types of organ donor programs

Stricter Requirements That We Follow

- Some state regulations are more stringent than federal privacy regulations; we will comply with those laws.

Substance Use Disorder (Part 2) Records

- If we receive or maintain substance use disorder (SUD) treatment records from a program covered by 42 CFR Part 2, those records have special protections that are stricter than for other health information. Unlike other PHI, Part 2 records generally may not be used or disclosed for treatment, payment, or health care operations without your written consent. Records received from Part 2 programs, or testimony relaying their content, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you give written consent, or a court order is issued after you have had notice and an opportunity to be heard; any such court order must be accompanied by a subpoena or other legal requirement compelling disclosure. Information disclosed under HIPAA may be redisclosed by the recipient and may no longer be protected by the HIPAA Privacy Rule. We will give you a clear and conspicuous opportunity to opt out before using Part 2 records for fundraising for our benefit; we do not currently use your records for fundraising.
- [CONFIRM - added by compliance review because the BCMS 4-2-25 template does not contain the 42 CFR Part 2 notice statements required by the Feb. 16, 2026 compliance date (45 CFR 164.520(b)(1)(ii); 42 CFR 2.22). Have counsel or BCMS confirm wording, and confirm 903 PT does not use records for fundraising. The reproductive-health NPP statements were vacated in Purl v. HHS (N.D. Tex. 2025) and are not required. Delete this note before printing.]

7. Your Authorization May Be Required

In the situations noted above, we have the right to use and disclose your PHI. In some situations, however, we must ask for, and you must agree to, provide a written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you change your mind at a later date, you may revoke your authorization.

8. Your Privacy Rights and How to Exercise Them

You have specific rights under our federally required privacy program. Each of them is summarized below:

- Your Right to Request Limited Use or Disclosure

  You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement; we have the right to ask for that request to be in writing, and we will exercise that right.

- Your Right to Confidential Communication

  You have the right to receive confidential communications from us at a location or phone number that you specify. We have the right to ask for that request to be in writing, noting the other address or phone number and confirmation that it should not interfere with your method of payment; we will exercise the right to have your request in writing.

- Your Right to Inspect and Copy Your PHI

  You have the right to inspect and copy your PHI. If we maintain our records on paper, that will be the format utilized; however, if we maintain our records electronically, you have the right to review and/or have copies made in an electronic format. Should we decline, we must provide you with a resource person to assist you in reviewing our refusal decision. We must respond to your request within *fifteen (15) days*. We may charge reasonable fees for copying and labor time related to copying, and we may require an appointment for record inspection; we have the right to ask for your request in writing and will exercise that right.

- Your Right to Revoke Your Authorization
  If you have granted us an authorization to use or disclose your PHI, you may revoke it at any time in writing. Please understand that we relied on the authority of your authorization prior to the revocation and used or disclosed your PHI within its scope.

- Your Right to Amend Your PHI
  You have a right to request an amendment of your record. We have the right to ask for the request in writing, and we will exercise that right. We may deny that request if the record is accurate and/or if this facility did not create the record. If we accept the amendment, we must notify you and make an effort to notify others who have the original record.

- Your Right to Know Who Else Sees Your PHI

  You have the right to request an accounting of certain disclosures that we have made over the past six years. We do not have to account for all disclosures, including those made directly to you, those involving

treatment, payment, health care operations, those to the family/friend involved with your care, and those involving national security. You have the right to request the accounting annually. We have the right to ask for the request in writing and to charge for any accounting requests that occur more than once per year; we must advise you of any charge, and you have the right to withdraw your request or pay to proceed.

- You Have a Right to be Informed of a Breach of Your Protected Health Information

  We are required to notify the patient by first class mail or by e-mail (if indicated a preference to receive information by e-mail) of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than *sixty (60) days* following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable and undecipherable to unauthorized users. The Notice is required to include the following information:

  a) A description of the breach, including the date of the breach and the date of its discovery, if known
  b) A description of the type of unsecured protected health information involved in the breach
  c) Instructions regarding the measures the patient should take to protect him/her from potential harm resulting from the breach
  d) Correction action 903 Physical Therapy PLLC has/will take to investigate the breach, mitigate losses, and protect the patient from further breaches
  e) 903 Physical Therapy PLLC contact information, including a toll-free telephone number, e-mail address, Web site, or postal address to allow for additional questions

- You Have a Right to Complain

  You have the right to complain if you feel your privacy rights have been violated. You may complain directly to us by contacting our HIPAA officer, noted in Section 10, or to the following:

  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 if you file a complaint about us. Your complaint should provide a reasonable amount of specific detail to enable us to investigate your concern.

- The Patient Has the Right to Receive a Copy of the Privacy Notice
  903 Physical Therapy PLLC is obligated to provide the patient with a copy of its Notice of Privacy Practices and to post the Notice in a conspicuous place for patients to access, as well as on our website. We have the right to change the Notice to comply with policy, rules, or regulatory changes; we are obligated to give new notices to current and subsequent patients as changes are made. We are required to maintain each version of a Privacy Notice for a minimum of six (6) years.

9. Some of Our Privacy Obligations and How We Perform Them

   a) We are required by law to maintain the privacy and security of your protected health information.
   b) We will let you know promptly if a breach that may have compromised the privacy or security of your information.
   c) We must follow the duties and privacy practices described in this Notice and give you a copy of it.
   d) We will not use or share your information other than as described unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

If we change our Notice of Privacy Practices, we will provide our revised Notice to you when you seek treatment from us next.

Contact Information

If you have questions about this Notice, or if you have a complaint or concern, please contact:

Name: 903 Physical Therapy PLLC
Attention: Brandi Hesse, Privacy Officer (Whitesboro - HQ)
Address: 809 N Union St, Suite C
Whitesboro, TX 76273
Phone: (903) 564-4300

Attention: Collin Pagel, PT, DPT, COMT, Privacy Officer (Gunter)
Address: 110 S 4th St, Suite 104
Gunter, TX 75058
Phone: 903-421-1786

Effective Date: This revised Notice takes effect on 12/1/2026 [EDITABLE - set to the actual date this Notice is posted/distributed]