

Notice of Privacy Practices

PLYO Physical Therapy LLC

EFFECTIVE DATE	PRIVACY OFFICER
October 2, 2026	Ritchie Kim — Owner and Privacy Officer

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.

PLYO Physical Therapy is the public-facing name of PLYO Physical Therapy LLC. In this notice, “PLYO,” “we,” “us,” and “our” refer to PLYO Physical Therapy LLC.

Your Information. Your Rights. Our Responsibilities.

This notice explains your rights regarding your protected health information (“PHI”), how PLYO may use and disclose PHI, and our responsibilities to protect it.

IN THIS NOTICE

Your Information. Your Rights. Our Responsibilities.

Your Rights — Summary

Your Choices — Summary

Our Uses and Disclosures — Summary

Your Rights — Details

Your Choices

How We May Use and Disclose Your Health Information

Uses and Disclosures Requiring Your Authorization

Our Responsibilities

Changes to the Terms of This Notice

Questions and Complaints

Your Rights — Summary

You have the right to:

- See or get an electronic or paper copy of your medical record and other health information we maintain about you.
- Ask us to correct health information you believe is incorrect or incomplete.
- Request that we contact you in a specific way or at a different address.
- Ask us to limit certain uses or disclosures of your health information.
- Get a list of certain disclosures we have made of your health information.

- Get a paper copy of this notice at any time.
- Choose someone who is legally authorized to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices — Summary

In certain situations, you may tell us your preferences about how we use or share your information, including whether we may:

- Share information with family members, close friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Use or disclose information for marketing, a sale of PHI, or most uses and disclosures of psychotherapy notes, when written authorization is required.

Our Uses and Disclosures — Summary

HIPAA permits or requires us to use and share your health information in certain situations. Common examples include:

- Treating you and coordinating your care.
- Running our practice and improving the quality of care and services.
- Billing for services and obtaining payment.
- Helping with public health and safety activities.
- Conducting research when legal requirements are met.
- Complying with federal and state law.
- Responding to organ and tissue donation requests, medical examiners, or funeral directors when applicable.
- Addressing workers' compensation, health oversight, law enforcement, and certain government requests.
- Responding to lawsuits, subpoenas, court orders, and other legal proceedings when permitted or required by law.

To the extent that we have your substance use disorder patient records subject to 42 CFR part 2 ("Part 2"), we will not share information in those records for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights — Details

Get an electronic or paper copy of your medical record

- You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. Ask us how to make the request.
- For a written request for your physical therapy treatment record, New Jersey law requires us to provide one copy within 15 days. For other requests for access to protected health information, we will respond within the time required by applicable law. We may charge only fees permitted by applicable law.

Ask us to correct your medical record

- You may ask us to correct health information about you that you believe is incorrect or incomplete.
- We may deny your request in some circumstances. If we do, we will explain the reason in writing, generally within 60 days, as required by law.

Request confidential communications

- You may ask us to contact you in a specific way, such as only at a particular phone number, or to send mail to a different address.

- We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or health care operations. We generally are not required to agree to every request, and we may decline a request when permitted by law. If we agree, we will honor the restriction except as permitted by law, including when information is needed for emergency treatment.
- If you pay for a health care service or item out of pocket in full, you may ask us not to share information about that service or item with your health plan for payment or health care operations. We will agree unless a law requires us to share the information.

Get a list of certain disclosures

- You may ask for an accounting of certain disclosures of your health information made during the six years before the date of your request, including who received the information and why.
- The accounting does not include every disclosure. For example, certain disclosures for treatment, payment, and health care operations are not included. We will provide one accounting in a 12-month period at no charge and may charge a reasonable, cost-based fee for additional accountings during the same period.

Get a paper copy of this notice

- You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you

- If another person is legally authorized to act as your personal representative, such as under a valid health care power of attorney or guardianship, that person may exercise your privacy rights and make choices about your health information.
- Before acting on a representative's request, we may verify that the person has legal authority to act for you.

File a complaint if you believe your privacy rights were violated

- You may complain to PLYO by contacting our Privacy Officer using the information in the "Questions and Complaints" section of this notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights ("OCR") by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>, or filing electronically through the OCR Complaint Portal.
- We will not retaliate against you for filing a complaint with PLYO or OCR.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference in one of the situations below, tell us what you want us to do, and we will follow your instructions when we can.

Family, friends, and others involved in your care or payment

- You may tell us whether to share relevant information with a family member, close friend, or another person involved in your care or payment for your care.
- If you are unable to tell us your preference, such as in an emergency or when you are unconscious, we may share information if, in our professional judgment, it is in your best interest and permitted by law.

Disaster relief

- We may share relevant information with organizations assisting in disaster-relief efforts when permitted by law. You may tell us your preferences when circumstances allow.

Uses and disclosures that generally require written authorization

We will obtain your written authorization when HIPAA or other applicable law requires it. This generally includes:

- Most uses and disclosures for marketing purposes.
- A sale of your protected health information.
- Most uses and disclosures of psychotherapy notes, if we maintain such notes.

If you give us written authorization, you may revoke it in writing at any time, except to the extent that we have already acted in reliance on it or as otherwise permitted by law.

How We May Use and Disclose Your Health Information

HIPAA allows or requires us to use and disclose PHI in a number of situations. We must meet the conditions that apply to each type of use or disclosure.

Treat you

We may use your health information and share it with other health care professionals who are treating you or helping coordinate your care.

Example: We may share relevant information with a physician, surgeon, or another health care professional involved in evaluating or treating your condition.

Run our organization

We may use and share your health information to operate our practice, improve care, conduct quality-improvement activities, manage services, meet professional and legal requirements, and contact you when necessary.

Example: We may review health information to evaluate the quality of care, support clinical documentation, or manage practice operations.

Bill for your services

We may use and share your health information to bill for services, obtain payment, determine coverage, and communicate with health plans or other responsible payers when applicable.

Example: We may provide information about your physical therapy services to Medicare or another health plan so that the plan can process a claim or coverage request.

Help with public health and safety activities

We may disclose health information for public health and safety activities when permitted or required by law, such as:

- Preventing or controlling disease or injury.
- Reporting adverse reactions or product-safety issues.
- Reporting suspected abuse, neglect, or domestic violence when authorized or required by law.
- Preventing or reducing a serious and imminent threat to a person's or the public's health or safety.

Do research

We may use or disclose health information for research when the applicable legal requirements and protections are satisfied.

Comply with the law

We will disclose health information when federal or state law requires us to do so. We may also disclose information to the U.S. Department of Health and Human Services when it is reviewing our compliance with federal health-information privacy law. When another applicable law gives health information greater protection, we will follow that law.

Special protections under New Jersey law

Some health information is subject to additional confidentiality protections under New Jersey law. For example, identifying information concerning HIV or AIDS may be disclosed only as permitted by applicable New Jersey law.

New Jersey law also provides additional protections for certain information relating to reproductive health care services that are lawful in New Jersey. In certain civil, probate, legislative, or administrative proceedings, we generally will not disclose such information without your explicit written consent unless an exception under New Jersey law applies. You have the right to withhold that written consent.

We will follow these additional protections whenever they apply.

Respond to organ and tissue donation requests

When applicable, we may share health information with organ procurement organizations or others involved in organ, eye, or tissue donation as permitted by law.

Work with a medical examiner or funeral director

We may share health information with a coroner, medical examiner, or funeral director when an individual dies and the disclosure is permitted by law.

Address workers' compensation, law enforcement, health oversight, and other government requests

We may use or disclose health information when permitted or required by law for purposes such as:

- Workers' compensation claims or similar programs.
- Law-enforcement purposes.
- Health-oversight activities authorized by law.
- Certain government functions, including military, national-security, or protective-service activities when the law allows.

Respond to lawsuits and legal actions

We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process when HIPAA and other applicable law permit or require the disclosure.

Special protection for certain substance use disorder records

To the extent that we have your substance use disorder patient records subject to 42 CFR part 2, we will not use or disclose information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Uses and Disclosures Requiring Your Authorization

We will not use or disclose your health information for purposes not described in this notice unless you authorize the use or disclosure in writing, except when another law permits or requires it.

When written authorization is required, the authorization will describe the information involved, the purpose of the use or disclosure, and the person or organization that may receive the information. You may revoke an authorization in writing at any time, except to the extent that we have already acted in reliance on it or as otherwise permitted by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must provide you with this notice of our legal duties and privacy practices and follow the duties and privacy practices described in the notice that is currently in effect.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your unsecured protected health information.
- We will not use or disclose your health information other than as described in this notice unless you give us written permission or another law permits or requires the use or disclosure.
- If you give us written authorization, you may change your mind and revoke it in writing, subject to the limits described above.

Changes to the Terms of This Notice

We may change the terms of this notice as permitted by law. If we make material changes, the revised notice may apply to all PHI we maintain, including information created or received before the revision. The current notice will be available upon request, at our clinic, and on our website at <https://plyopt.com>.

Questions and Complaints

If you have questions about this notice, want to exercise a privacy right, or want to make a privacy complaint to PLYO, contact:

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>, or filing electronically through the OCR Complaint Portal.

PLYO will not retaliate against you for filing a complaint with us or with OCR.