



## **Notice of Privacy Practices**

Physical Therapy Direct is committed to preserving the privacy of your protected health information (PHI). We will ensure the confidentiality, integrity, and availability of all electronic PHI we create, receive, maintain, or transmit. We will identify and protect against reasonably anticipated threats to the security or integrity of your information. We will train all incoming staff appropriately at time of hire, and annually, on our HIPAA policies and protecting your PHI.

To ensure confidentiality of your PHI, we will have all of our business associates, including telehealth software vendors, sign a Business Associate Agreement (BAA). This agreement will state how the vendor is permitted and required to use PHI and that the vendor will not use or disclose PHI outside those parameters. The BAA will also have requirements for appropriate safeguards to prevent misuse of PHI and the financial penalties for noncompliance.

A data breach is an impermissible use or disclosure under the HIPAA Privacy Rule that compromises the security or privacy of PHI. If a true breach occurs, Physical Therapy Direct will notify all affected patients within 60 days by email. The communication will include a brief description of the breach; a description of the types of information that were involved in the breach; the steps affected patients should take to protect themselves from potential harm; a brief description of what Physical Therapy Direct is doing to investigate the breach, mitigate the harm, and prevent further breaches; as well as contact information for Physical Therapy Direct or the business associate, as applicable.

I understand that Physical Therapy Direct may use or disclose my personal health information (PHI) for the purposes of carrying out treatment, obtaining payment, evaluation the quality of services provided, and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my PHI is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that Physical Therapy Direct will consider requests for restrictions on a case by case basis, but does not have to agree to requests for restrictions. I hereby consent to the use and disclosure of my PHI for the aforementioned purposes. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

If you have any questions, concerns, or complaints about this Notice or your PHI, please contact Brian Hu, DPT, DMT, FAAOMPT at [brianhu@PTdirect.org](mailto:brianhu@PTdirect.org) or by phone at 636-443-5020.

---

Patient/Guardian Signature

---

Date