



Notice of Privacy Practices

PROVISION PHYSICAL THERAPY, is committed to protecting the privacy of your health information. This notice outlines how we may use and disclose your health information, your rights regarding your protected health information (“PHI”), and how you can exercise those rights.

Your Health Information Rights

You have the right to:

Access Your Records: View or obtain a copy of your health records as permitted by law.

Request Amendments: Request corrections to your records if you believe they are inaccurate or incomplete.

Restrict Disclosures: Request restrictions on the use or disclosure of your health information, though we may not be able to honor all requests.

Confidential Communications: Request that we contact you at a specific location or by specific methods.

Receive an Accounting of Disclosures: Obtain a list of certain disclosures of your health information.

Receive a Copy of This Notice: Request a paper or electronic copy of this notice at any time.

How We May Use and Disclose Your Health Information

We may use and disclose your health information for purposes of:

Treatment: Sharing information with healthcare providers to coordinate your care.

Payment: Billing and receiving payment for healthcare services.

Healthcare Operations: Improving quality of care, conducting training programs, and other business operations.

Other disclosures permitted or required by law include:

Public Health and Safety: Reporting communicable diseases, adverse events, or threats to public safety.

Legal Obligations: Complying with laws, court orders, or government requests.

Law Enforcement: Assisting in investigations as required.

Reproductive Health Rights

In compliance with applicable federal and state laws, we respect your right to access and protect information about your reproductive healthcare. This includes your right to:

- Obtain reproductive health services and information without discrimination.
- Protect the confidentiality of health information related to reproductive health services.
- We will not share your reproductive health information with third parties, including employers or law enforcement, without your explicit consent unless required by law.

Your Choices

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice, such as marketing. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing.

How to Exercise Your Rights

To exercise your rights or if you have any questions or concerns, please contact:

Cathy S. Hulsey
Corporate Compliance
2095 Lakeside Centre Way
Suite 101
Knoxville, TN 37922
865.684.2617
cathy.hulsey@provisionhealthcare.com

If you believe your privacy rights have been violated, you can file a complaint with us or with the U.S. Department of Health and Human Services (HHS). Complaints will not result in retaliation.

This notice may be updated periodically. The current version will be available on our website or at our office.

Thank you for trusting us with your health information,

Provision Physical Therapy
Effective Date of Notice of Privacy Practices: January 12, 2025