

Malosi Movement Co
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You may have additional rights under state and local law. If you have questions regarding your rights to health care information, you may wish to seek legal counsel from an attorney licensed in your state.

EFFECTIVE DATE OF THIS NOTICE

This Notice went into effect on **October 1, 2025**.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Malosi Movement Co understands that health information about you and your physical therapy care is personal. We are committed to protecting your health information.

We create and maintain records of the physical therapy services you receive, including evaluations, treatment plans, progress notes, and billing information. We need this information to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care generated by this physical therapy practice.

We are required by law to:

- Ensure that your Protected Health Information (“PHI”) is kept private
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain. The revised Notice will be available upon request, in our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe ways in which we may use and disclose your health information. Not every use or disclosure within each category is listed; however, all permitted uses and disclosures fall within one of these categories.

Treatment, Payment, and Health Care Operations

Federal law allows health care providers to use or disclose PHI without your written authorization for treatment, payment, and health care operations.

Examples include:

- Providing, coordinating, or managing your physical therapy care
- Consulting with other licensed health care providers involved in your care
- Referring you to other providers
- Billing, payment, and administrative activities
- Appointment reminders and related communications

Disclosures for treatment purposes are **not limited to the minimum necessary standard**, as physical therapists and other providers may need full access to your medical record to provide appropriate care.

Lawsuits and Legal Proceedings

If you are involved in a lawsuit or legal proceeding, we may disclose your PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena or other lawful request, provided that applicable legal requirements have been met.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Marketing Purposes

We will not use or disclose your PHI for marketing purposes without your prior written authorization.

If we request a testimonial or review and intend to use it publicly (such as on our website or social media), we will ask you to sign a HIPAA authorization. This applies even if the information shared appears minimal, as it may still be considered PHI.

You may revoke this authorization at any time by submitting a written request via email or certified mail. Upon receipt, we will remove the content from platforms under our control. We cannot guarantee removal from third-party platforms not controlled by our practice.

Sale of PHI

We do not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal limitations, we may use or disclose your PHI without authorization for the following purposes:

- Appointment reminders and information about treatment options or services
- When required by state or federal law
- Public health and safety activities, including reporting suspected abuse or neglect
- Health oversight activities such as audits and investigations
- Judicial or administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners
- Workers' compensation claims
- Organ and tissue donation requests
- Specialized government functions

V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

We may disclose your PHI to a family member, friend, or other person involved in your care or payment for care, unless you object. In emergency situations or when you are unable to express your preference, we may share information if we believe it is in your best interest.

VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- **Request restrictions** on certain uses or disclosures of your PHI
- **Request confidential communications**, such as alternative contact methods

- **Inspect and obtain copies** of your medical records (electronic or paper)
- **Request corrections** to your health information
- **Receive an accounting of disclosures**
- **Obtain a paper or electronic copy** of this Notice
- **Designate a personal representative** to act on your behalf
- **Revoke an authorization** in writing
- **File a complaint** without fear of retaliation

To file a complaint, you may contact Malosi Movement Co using the information above or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

VII. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we maintain. The updated Notice will be available upon request, in our office, and on our website.