PAGOSA
PHYSICAL THERAPY

Notice of Privacy Practices

Your information. Your rights. Our responsibilities.

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.

Effective date: December 1, 2026

If you have questions about this notice, contact:
Privacy Officer, Pagosa Physical Therapy
2839 Cornerstone Dr, Suite 3, Pagosa Springs, CO 81147
Phone (970) 507-8668

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and billing records

- You can ask to see or get a copy of your health and billing records and other health information we have about you, on paper or electronically. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your records

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say no to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, a home or cell phone) or to send mail to a different address.
- We will say yes to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree, and we may say no if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or our operations. We will say yes unless a law requires us to share it.

Get a list of those with whom we have shared information

- You can ask for a list (an accounting) of the times we have shared your health information for six years before the date you ask, who we shared it with, and why.
- We will include all disclosures except those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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

Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at (970) 507-8668 or 2839 Cornerstone Dr, Suite 3, Pagosa Springs, CO 81147.
- You can file a complaint with the 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 for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our uses and disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you. *Example: your physical therapist sends your evaluation and plan of care to the doctor who referred you.*

Run our organization

We can use and share your health information to run our practice, improve your care and contact you when necessary. *Example: we use health information about you to manage your treatment and services, and to send you appointment reminders.*

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: we give information about you to Medicare or your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance use disorder treatment records

If we receive or maintain records about you from a federally assisted substance use disorder treatment program, those records are protected by a federal law and regulation (42 U.S.C. 290dd-2 and 42 CFR Part 2) in addition to HIPAA. We will not use or share those records, or testimony about their contents, in any civil, criminal, administrative or legislative investigation or proceeding against you unless you give written consent, or a court issues an order after giving you notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or similar legal requirement before the records can be used or shared. If we use these records for fundraising, we will first give you a clear and conspicuous opportunity to choose not to receive fundraising communications.

Information shared with others

When we share your health information as this notice allows, the person or organization that receives it may share it again, and it may no longer be protected by federal privacy rules.

Colorado law

Colorado law may give certain kinds of health information more protection than federal law. When a state law is more protective of your privacy, we follow the more protective law.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can 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.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website, pagosapt.com.

Questions or requests

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