



# NOTICE of PRIVACY PRACTICES

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## **This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review This Document Carefully**

### **About Protected Health Information (PHI)**

In this Notice, "we," "our," or "us" means Aquacare Physical Therapy, et al, and our workforce of employees, contractors, and volunteers; "you" and "your" refer to each of our patients who are entitled to a copy of this Notice.

We are required by federal and state law to protect the privacy of your health information. For example, federal health information privacy regulations require us to protect information about you in the manner that we describe here in this Notice. Certain types of health information may specifically identify you. Because we must protect this health information, we call this Protected Health Information---or "PHI." In this Notice, we tell you about:

- How we use your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or a complaint

### **Some of the ways we use (within the organization) or disclose (outside of the organization) your Protected Health Information**

- We will use your PHI to treat you.
- We will use your PHI and disclose it to get paid for your care and related services.
- We use or disclose your PHI for certain activities that we call "healthcare operations."
- We will also use or disclose your PHI as required or permitted by law.

We will give you examples of each of these to help explain them; space does not permit a complete list of all uses or disclosures; you can contact us if you have any questions.

#### **1. Treatment**

We use and disclose your PHI in the course of your treatment. For instance, once we have completed your evaluation or re-evaluation, we will send a copy or summary of our report to your referring physician. We also maintain records detailing the care and services you receive at our facility so that we can be accurate and consistent in carrying out that care in an optimal manner; that record also assists us in meeting specific legal requirements. These records may be used and/or disclosed by members of our workforce to ensure that proper and optimal care is rendered.

## 2. **Payment Involving a Third-Party Payer**

After we treat you, we will typically bill a third party for the services you receive. We will collect the treatment information, enter the data into our computer, and then process a claim either on paper or electronically. The claim form will detail your health problem and what treatments you received, and it will include other information such as your social security number, your insurance policy number, and other identifying pieces of information. The third-party payer may also ask to see the records of your care to make sure that the services are medically necessary. When we use and disclose your information in this way, it helps us get paid for your care and treatment.

## 3. **Payment Exclusive of a Third Party Payer (fully self-pay)**

If you choose to pay for your services in full without involving a third party (insurer, employer, etc.), you may request that we not disclose any information regarding your services for payment purposes.

## 4. **Health Care Operations**

We also use and disclose your PHI in our healthcare operations. For example, our therapists meet periodically to study clinical records and monitor the quality of care at our facility. Your records and PHI could be used in these quality assessments. Sometimes, we participate in student internship programs, and we use the PHI of actual patients to test them on their skills and knowledge. Other operational tasks may involve business planning and compliance monitoring or even the investigation and resolution of a complaint.

## 5. **Special Uses**

We also use or disclose your PHI for purposes that involve your relationship with us as a patient. We may use or disclose your PHI to:

- Update your workers' compensation case worker or employer
- Remind you of appointments
- Carry out follow-ups on home programs that you have been taught
- Advise you of new or updated services or home supplies (you can choose to opt out of receiving any notices of this kind)
- Release equipment and/or supplies to your designee
- Carry out follow-ups on your home programs or discharge planning
- Advise you of new or updated services or home supplies via telecommunication or via a newsletter (you can choose to opt-out of receiving information of this nature from us)

Note: If we receive direct or indirect financial remuneration from a third party for marketing a product or item or for any fundraising we are engaged in, we will offer you the opportunity to opt out of receiving any of these materials.

## 6. **Uses & Disclosures Required or Permitted by Law**

Many laws and regulations apply to us that affect your PHI; they may either require or permit us to use or disclose your PHI. Here is a list from the federal health information privacy regulations describing required or permitted uses and disclosures:

### Permitted:

- If you do not verbally object, we may share some of your PHI with a family member or friend if they are involved in your care.
- We may use your PHI in an emergency if you are not able to express yourself.

- If we receive certain assurance that protects your privacy, we may use or disclose your PHI for research; Aquacare Physical Therapy, et al, will always obtain an authorization from you even though it is 'permitted' without one.

Required:

- When required by law, for example, when ordered by a court to turn over certain types of your PHI, we must do so
- For public health activities such as reporting a communicable disease or reporting an adverse reaction to the Food and Drug Administration
- To report neglect, abuse, or domestic violence
- When government regulators or their agents need to determine whether we comply with applicable rules and regulations.
- In judicial or administrative proceedings, such as a response to a valid subpoena
- When properly requested by law enforcement officials or other legal requirements such as reporting gunshot wounds
- To avert a health hazard or to respond to a threat to public safety, such as an imminent crime against another person
- Deemed necessary by appropriate military command authorities if you are in the Armed Forces
- In connection with certain types of organ donor programs
- The patient must authorize the release of any substance use disorder history or treatment records according to 42 CFR Part 2 (Substance Use Disorder Records) unless required by federal law.

Part 2 permits disclosure without your consent only in limited situations, such as:

- \* Medical emergencies
- \* Scientific research under strict safeguards
- \* Audits or program evaluations
- \* Court orders that meet specific legal requirements
- \* Reporting suspected child abuse or neglect as required by law
- \* Crimes committed on program premises or against program staff
- When state regulations are more stringent than federal privacy regulations; we will comply with those laws

## **7. Your Authorization May Be Required**

In the situations noted above, we have the right to use and disclose your PHI. In some situations, however, we must ask for, and you must agree to, provide a written authorization that has specific instructions and limits on our use or disclosure of your PHI. If you change your mind at a later date, you may revoke your authorization.

## **8. Your Privacy Rights and How to Exercise Them**

You have specific rights under our federally required privacy program. Each of them is summarized below:

- Your Right to Request Limited Use or Disclosure  
You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement; we have the right to ask for that request to be in writing, and we will exercise that right.

- Your Right to Confidential Communication  
You have the right to receive confidential communications from us at a location or phone number that you specify. We have the right to ask for that request to be in writing, noting the other address or phone number and confirmation that it should not interfere with your method of payment; we will exercise the right to have your request in writing.
- Your Right to Inspect and Copy Your PHI  
You have the right to inspect and copy your PHI. If we maintain our records on paper, that will be the format utilized; however, if we maintain our records electronically, you have the right to review and/or have copies made in an electronic format. Should we decline, we must provide you with a resource person to assist you in reviewing our refusal decision. We must respond to your request within *fifteen (15) days*. We may charge reasonable fees for copying and labor time related to copying, and we may require an appointment for record inspection; we have the right to ask for your request in writing and will exercise that right.
- Your Right to Revoke Your Authorization  
If you have granted us an authorization to use or disclose your PHI, you may revoke it at any time in writing. Please understand that we relied on the authority of your authorization prior to the revocation and used or disclosed your PHI within its scope.
- Your Right to Amend Your PHI  
You have a right to request an amendment of your record. We have the right to ask for the request in writing, and we will exercise that right. We may deny that request if the record is accurate and/or if this facility did not create the record. If we accept the amendment, we must notify you and make an effort to notify others who have the original record.
- Your Right to Know Who Else Sees Your PHI  
You have the right to request an accounting of certain disclosures that we have made over the past six years. We do not have to account for all disclosures, including those made directly to you, those involving treatment, payment, health care operations, those to the family/friend involved with your care, and those involving national security. You have the right to request the accounting annually. We have the right to ask for the request in writing and to charge for any accounting requests that occur more than once per year; we must advise you of any charge, and you have the right to withdraw your request or pay to proceed.
- You Have a Right to be Informed of a Breach of Your Protected Health Information  
We are required to notify the patient by first class mail or by e-mail (if indicated a preference to receive information by e-mail) of any breaches of unsecured Protected Health Information as soon as possible, but in any event, no later than *sixty (60) days* following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable and undecipherable to unauthorized users. The Notice is required to include the following information:
  - a) A description of the breach, including the date of the breach and the date of its discovery, if known
  - b) A description of the type of unsecured protected health information involved in the breach

- c) Instructions regarding the measures the patient should take to protect him/her from potential harm resulting from the breach
- d) Correction action Aquacare Physical Therapy, et al, has/will take to investigate the breach, mitigate losses, and protect the patient from further breaches
- e) Aquacare Physical Therapy, et al, contact information, including a toll-free telephone number, e-mail address, Web site, or postal address to allow for additional questions

- **You Have a Right to Complain**

You have the right to complain if you feel your privacy rights have been violated. You may complain directly to us by contacting our HIPAA officer, noted in Section 10, or to the following:

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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

We will not retaliate against you if you file a complaint about us. Your complaint should provide a reasonable amount of specific detail to enable us to investigate your concern.

- **The Patient Has the Right to Receive a Copy of the Privacy Notice**

Aquacare Physical Therapy, et al, is obligated to provide the patient with a copy of its Notice of Privacy Practices and to post the Notice in a conspicuous place for patients to access, as well as on our website. We have the right to change the Notice to comply with policy, rules, or regulatory changes; we are obligated to give new notices to current and subsequent patients as changes are made. We are required to maintain each version of a Privacy Notice for a minimum of six (6) years.

## **9. Some of Our Privacy Obligations and How We Perform Them**

- 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 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 unless you tell us we can do so 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.

If we change our Notice of Privacy Practices, we will provide our revised Notice to you when you seek treatment from us next.

### **Contact Information**

If you have questions about this Notice, or if you have a complaint or concern, please contact:

Name: Aquacare Physical Therapy  
Attention: Janice Baldwin, HIPAA Officer  
Address: 659 S. Salisbury Blvd.  
Suite 1B  
Salisbury, MD 21801  
Phone: 410-860-5910

### **Effective Date**

This revised Notice takes effect on 2-1-2026.

**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.**

**Your  
Rights**

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

**Your  
Choices**

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

**Our  
Uses and  
Disclosures**

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

## 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 an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. 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 medical record

- 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’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office 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 to your request, 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 for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will 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 the notice 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 us using the information on page 1.
- 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/](http://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
- Include your information in a hospital directory

*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:** A doctor treating you for an injury asks another doctor about your overall health condition.

**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.

**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 your health insurance plan so it will pay for your services.

*continued on next page*

**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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**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
  - Preventing or reducing a serious threat to anyone’s health or safety

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**Do research**

- We can use or share your information for health research.

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**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’re complying with federal privacy law.

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**Respond to organ and tissue donation requests**

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

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**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.

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**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
  - For special government functions such as military, national security, and presidential protective services

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**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.
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## Our Responsibilities

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- 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](http://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 web site.

*Effective: January 28, 2026*

### **This Notice of Privacy Practices applies to the following organizations.**

*Excellens Aquacare Physical Therapy  
Konlian, O'Neill, & Associates  
Syracuse Physical Therapy Partners  
Fitness Forum of Maryland*

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*Jennifer O'Neill, COO - Privacy Officer  
Ph. 410-860-5910  
659 S. Salisbury Blvd., Suite 1B, Salisbury Maryland 21801*