

City of Round Rock - Physical Therapy Services
NOTICE OF PRIVACY PRACTICES

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: 1/20/2026

OUR COMMITMENT TO YOUR PRIVACY

City of Round Rock Physical Therapy Services ("we," "us," or "our") is committed to protecting your health information. We are required by law to maintain the privacy of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI for the following purposes without your written authorization:

Treatment

We may use your health information to provide you with physical therapy services. We may also share your information with other healthcare providers involved in your care, such as your physician, specialists, or other therapists.

Payment

We may use and disclose your health information to bill and collect payment for services provided. This may include sharing information with your health insurance plan, Medicare, Medicaid, or other third parties responsible for payment.

Healthcare Operations

We may use your health information for activities that support our operations, such as quality improvement, staff training, audits, and administrative functions.

Other Permitted Uses and Disclosures

We may also use or disclose your health information without your authorization for the following purposes:

- As required by law
- For public health activities (disease prevention, reporting adverse reactions)
- To report suspected abuse, neglect, or domestic violence
- For health oversight activities (audits, investigations, inspections)
- In response to court orders or subpoenas
- To law enforcement officials under limited circumstances
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation purposes
- For research purposes under certain conditions
- To prevent a serious threat to health or safety
- For specialized government functions (military, veterans, national security)
- For workers' compensation purposes

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described above, including:

- Marketing purposes
- Sale of your health information
- Most uses of psychotherapy notes (if applicable)
- Other uses and disclosures not described in this notice

You may revoke your authorization at any time by submitting a written request. Revocation will not affect any disclosures made before we received your request.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Access

You have the right to inspect and obtain a copy of your health information maintained by us, with limited exceptions. To request access, submit a written request to our Privacy Contact. We may charge a reasonable fee for copies.

Right to Request Amendment

You have the right to request that we amend your health information if you believe it is incorrect or incomplete. Submit your request in writing, including your reason for the amendment. We may deny your request under certain circumstances and will provide you with a written explanation.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information. This does not include disclosures for treatment, payment, or healthcare operations, or disclosures you authorized. Submit your request in writing.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree to your request, except if you pay for services out-of-pocket in full and request that we not disclose to your health plan.

Right to Confidential Communications

You have the right to request that we communicate with you about your health information in a specific way or at a specific location. For example, you may request that we contact you only at work or by mail. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

Right to Be Notified of a Breach

You have the right to be notified if a breach occurs that compromises the security or privacy of your unsecured health information.

OUR DUTIES

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms of the notice currently in effect
- Notify you if a breach occurs affecting your health information

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new provisions effective for all health information we maintain. If we make significant changes, we will post the revised notice in our facility and make copies available upon request. The effective date of each version will be noted at the top of the notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with HHS:

Office for Civil Rights, U.S. Department of Health and Human Services

200 Independence Avenue, S.W., Washington, D.C. 20201

Toll-free: 1-877-696-6775 | Website: www.hhs.gov/ocr/privacy/hipaa/complaints

CONTACT INFORMATION

City of Round Rock - Physical Therapy Services

For questions about this notice, to submit a request regarding your rights, or to file a complaint:

City of Round Rock Physical Therapy Services

Privacy Contact: Reagan Morrow, PT, DPT

Phone: 737-403-2653

Email: rmorrow@roundrocktexas.gov