

TOTAL THERAPY SOLUTIONS, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2026

Privacy Officer: Anthony Joseph Maritato, PT

Contact Email: tony@totaltherapysolutions.com

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.

OUR LEGAL DUTY

Total Therapy Solutions, LLC is required by law to maintain the privacy and security of your Protected Health Information (PHI). We are required to provide you with this Notice of our legal duties and privacy practices, and to strictly follow the terms of the Notice currently in effect. We are also legally required to notify you promptly in the event that a data breach occurs that compromises the privacy or security of your unsecured PHI.

1. YOUR HEALTH INFORMATION RIGHTS

When it comes to your medical and billing records, you have specific federal rights:

- **Get an Electronic or Paper Copy of Your Record:** You can ask to inspect or receive a paper or electronic copy of your physical, occupational, or speech therapy medical and billing records. We will provide a copy or a summary within 30 days of your request. We may charge a reasonable, cost-based administrative fee.
- **Ask Us to Correct Your Record:** You can request in writing that we amend or correct clinical health information about you that you believe is incorrect or incomplete. We may say "no" to your request if it is legally inaccurate, but we will provide our reasoning in writing within 60 days.
- **Request Confidential Communications:** You can ask us to contact you in a specific way (e.g., home or office phone, personal email) or to send mail to a specific alternative address. We will accommodate 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 core operations. We are not legally required to agree to your request, and we may say "no" if it directly affects your clinical care.
- **Out-of-Pocket Insurance Restrictions:** If you pay for a service or a health care item entirely out-of-pocket in full, you have the right to request that we do not share that information with your health insurer for the purpose of payment or operations. We will say "yes" to this request unless a federal or state law strictly requires us to share it.
- **Get a List of Disclosures (Accounting):** You can request an accounting list of the times we have shared your health information for the six years prior to your request date,

including who we shared it with and why. This will exclude routine disclosures made for treatment, payment, and healthcare operations. The first list per year is free; additional requests within 12 months incur a reasonable, cost-based fee.

- **Get a Copy of This Notice:** You can request a paper copy of this privacy notice at any time, even if you previously agreed to receive it electronically.
- **Choose Someone to Act For You:** If someone holds your medical power of attorney or acts as your legal guardian, that designated individual can exercise your privacy rights and make choices about your health data. We will verify their legal authority before taking any clinical action.

2. YOUR CHOICES FOR INVOLVING FAMILY AND FRIENDS

For certain health information, you can tell us your clear preferences. Talk to our staff and tell us what you want us to do regarding:

- Sharing information with your family, close personal friends, or others explicitly involved in your active rehabilitation or payment for your care.
- Sharing information in a public disaster or emergency relief situation.

Note: If you are incapacitated, unconscious, or facing an emergency, we may share limited information if we determine it is in your absolute best clinical interest or to lessen a serious and imminent safety threat.

3. USES & DISCLOSURES THAT ALWAYS REQUIRE YOUR WRITTEN PERMISSION

In alignment with federal law, we will **never** use or share your protected health information for the following purposes unless you give us explicit, separate written authorization:

- **Marketing Purposes:** Publicly sharing your likeness, treatment progress, or video clips on social media grids, YouTube, or commercial sites.
- **The Sale of Your Information:** Exchanging or distributing any patient demographic or medical data for financial profit.

4. HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION

We are legally permitted to use and share your health information without an additional signed authorization for the following operational needs:

- **To Treat You:** We use your health information to plan and deliver your physical, occupational, or speech therapy. We can share your data with other external healthcare professionals who are actively treating you. *(Example: We coordinate your progress notes with your referring orthopedic surgeon).*
- **To Run Our Organization:** We use and disclose your data to run our private practice clinic, monitor care quality, conduct internal staff reviews, and train therapy students. *(Example: We use clinical charts to improve our post-op knee replacement protocols).*
- **To Bill For Your Services:** We use and share your health information to submit clean claims and obtain payment from health plans, Medicare, or commercial insurers. *(Example: We send treatment documentation to your insurance provider so they pay for your evaluation sets).*

5. ADDITIONAL LAWS, PUBLIC HEALTH, & RE-DISCLOSURE BOUNDARIES

We are allowed or required by federal and state regulations to share your information without authorization in ways that contribute to the public good, such as:

- Preventing disease, reporting adverse product reactions, or helping with medical device recalls.
- Reporting suspected domestic abuse, neglect, or exploitation.
- Complying with workers' compensation claims, law enforcement requests, or valid judicial subpoenas.
- **Special Note on 42 CFR Part 2 (Substance Use Disorder Records):** To the extent that our practice receives, maintains, or possesses any substance use disorder patient records subject to federal 42 CFR Part 2 protections, we will not share that specific information for investigations or legal proceedings against you without your explicit written consent or a court order combined with a subpoena.

6. CHANGES TO THE TERMS OF THIS NOTICE

Total Therapy Solutions, LLC reserves the right to change the terms of this privacy notice at any time. The changes will apply retroactively to all information we maintain about you. The current, updated notice will always be available upon request in our physical clinic office and prominently posted on our active website, totaltherapysolutions.com.

7. HOW TO FILE A COMPLAINT

If you feel that Total Therapy Solutions, LLC or its clinicians have violated your medical privacy rights, you can file a formal complaint with us by contacting **Anthony Joseph Maritato, PT** directly at tony@totaltherapysolutions.com.

You may also file a formal written complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a physical letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not retaliate against you in any way for filing a complaint.

PATIENT ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge that I have had access to and have been offered a copy of Total Therapy Solutions, LLC's Notice of Privacy Practices.

Patient Signature: _____

Printed Patient Name: _____

Date: _____