Notice of Privacy Practices

Wendy Lavin Physical Therapy | 4464 Fremont Ave N, Suite 101, Seattle, WA 98103 | (425) 954-3154 | Wendy@WendyLavinPT.com | wendylavinpt.com

Effective date: November 20, 2026

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.

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our Privacy Officer below.

Privacy Officer: Wendy Lavin, PT, at the address, phone and email above. Contact her with any question about this notice or to use any of the rights it describes.

How we may use and share your health information

For your care, payment and running the practice:

- **Treatment.** We use your information to evaluate and treat you, and may share it with your other health care providers. Example: sending a progress note to the physician who referred you.
- **Payment.** We use your information to bill and collect for services. Most of our services are private pay. If you ask, we can give you a statement (superbill) to submit to your insurer yourself.
- **Health care operations.** We use your information to run the practice, improve care and contact you. Example: appointment reminders by email or text.
- **Business associates.** Some services are done for us by companies that must protect your information under a written agreement with us. Examples: our scheduling and records system and our secure email provider.

With people involved in your care. We may share information with a family member, friend or other person you identify who is involved in your care or helps pay for it, unless you object. If you can’t tell us your preference, for example in an emergency, we may share information if we believe it’s in your best interest.

Other uses and sharing the law allows or requires. We must meet conditions in the law before we share your information for these purposes:

- Public health and safety, such as reporting suspected abuse, neglect or domestic violence, or preventing a serious threat to someone’s health or safety
- Health research, under the rules that protect research participants
- When state or federal law requires it, including to the U.S. Department of Health and Human Services to show we comply with privacy law
- Organ and tissue donation requests

- Coroners, medical examiners and funeral directors
- Workers' compensation claims, law enforcement, health oversight agencies, and special government functions such as military and national security
- Responding to a court or administrative order, or to a subpoena

Substance use disorder records. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Stricter Washington law. Where Washington law protects your information more than federal law, we follow Washington law. This includes extra protections for some records, such as mental health, sexually transmitted infection, and reproductive and gender-affirming care information.

Uses that need your written permission

We will not use or share your information for any purpose not described in this notice unless you give us written permission. We never sell your health information and never use it for marketing. We do not do fundraising.

If you give us permission, you can take it back at any time in writing. That stops future use and sharing, but not anything we already did with your permission.

Your rights

To use any of these rights, contact our Privacy Officer.

- **See or get a copy of your records.** Ask in writing for a paper or electronic copy. We will respond within 15 working days. We may charge a reasonable fee allowed by law.
- **Ask us to correct your records.** If you think something is wrong or incomplete, ask us to correct it. We may say no, but we will tell you why in writing within 60 days.
- **Ask for confidential communications.** Ask us to contact you a certain way, such as only by cell phone or at a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain information for treatment, payment or operations. We don't have to agree, and may say no if it would affect your care. If you pay for a service in full yourself, you can ask us not to share information about it with your health insurer, and we will agree unless the law requires us to share it.
- **Get a list of those we've shared information with.** Ask for a list of times we shared your information in the six years before your request, who we shared it with, and why. It won't include sharing for treatment, payment or operations, or sharing you asked us to make. We provide one list a year free and may charge a reasonable cost-based fee for another within 12 months.
- **Get a copy of this notice.** You can ask for a paper copy at any time, even if you got it electronically.
- **Choose someone to act for you.** If someone has your medical power of attorney or is your legal guardian, they can use your rights. We will confirm their authority first.
- **File a complaint.** If you feel your rights were violated, contact our Privacy Officer. You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights: 200

Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; or www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Our responsibilities

- We are required by law to protect the privacy and security of your 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 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.

For more information, see www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information.

Changes to this notice

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