

Privacy Policy

At FreeHab Therapy, we value the privacy of our patients and are committed to protecting your personal health information. This Privacy Policy outlines how we collect, use, and safeguard your information when you access our services. FreeHab Therapy is a non-profit organization dedicated to providing free physical therapy, occupational therapy, and speech therapy for individuals with neurological conditions and functionality deficits.

By using our services, you consent to the collection and use of your personal information as described in this policy. Please read it carefully to understand how your information will be treated.

I. Information We Collect

We may collect the following types of personal information:

- **Personal Identifiable Information (PII):** Includes your name, address, phone number, email address, and date of birth.
- **Health Information:** Includes medical history, diagnoses, treatment plans, therapy progress, and any other relevant health information necessary for providing therapy services.

II. How We Use Your Information

We collect health information about you and store it electronically in a secure system where data is stored remotely, with SOC-2 certification, encryption, and HIPAA, PIPEDA, and GDPR compliance. The law permits us to use or disclose your health information in the following ways:

- A. Treatment.** We may use or disclose your health information for your medical treatment or services. For example, we may use your health information to prescribe a course of treatment. We will record your healthcare information to help in future diagnosing and treatment or to gauge your response to treatment. We may provide your health information to other health providers or to a hospital so that they might treat you effectively.
- B. Payment.** We may use and disclose your health information so that we may bill and collect payment for our functional maintenance and wellness services. When we use or disclose your information to generate a bill that may be sent to you or a family member, the bill may include information that identifies you, your diagnosis, services performed and supplies used.
- C. Health Care Operations.** We may use and disclose your health information to assist in the operation of our practice. For example, our staff members may use information in your health record to assess the care and outcomes in your case and others like it so that we may improve the quality and effectiveness of our healthcare and services. We may use and disclose your health information to conduct cost-management and business planning activities for our practice. We may also provide such information to other health care entities for their health care operations.
- D. Appointment Scheduling and Reminders.** We may use and disclose information in your medical record so that we can contact you (through voicemail and email messages, postcards or letters) to schedule appointments with us, other doctors in our network or another provider to whom we are referring you. We may also contact you to remind you about appointments. If you do not answer the telephone, we may leave this information on

your voice mail or in a message with the person answering the telephone. You may request that appointments be scheduled or reminder be made only in a certain way or only at a certain place, and we will try to accommodate all reasonable requests.

- E. Treatment Options.** We may use and disclose your health information in order to inform you of alternative treatments.
- F. Release to Family/Friends.** Our health professionals, using their professional judgment, may disclose to a family member, other relative, close friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care. We will provide you with an opportunity to object to such a disclosure whenever we practicably can do so. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- G. Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, such as appointments with your doctor, we may tell you about other products and services that might interest you.
- H. Newsletters and Other Communications.** We may use your personal information in order to communicate to you through newsletters, mailings, or by other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.
- I. Marketing.** In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. We may provide you with promotional gifts of nominal value, however. We will not sell our patient lists or your health information to a third party without your written authorization, in accordance with federal and state laws.
- J. Fundraising.** We may contact you as part of a fundraising effort relating to the non-profit.
- K. Public Health Activities.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - Licensing and certification carried out by public health authorities;
 - Prevention or control of disease, injury, or disability;
 - Reports of births and deaths;
 - Reports of child abuse or neglect;
 - Notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - Notifications to appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure when required by law, or if you agree to the disclosure, or when authorized by law and in our professional judgment, disclosure is required to prevent serious harm.
- L. Research.** We may disclose your health information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research

proposal and protocols for compliance with standards to ensure the privacy of your health information.

M. Law Enforcement. We may release your health information:

- In response to a court order, subpoena, warrant, summons, or similar process if authorized under state or federal law;
- To identify or locate a suspect, fugitive, material witness, or similar person;
- When about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our offices;
- To coroners or medical examiners;
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime;
- To authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and
- To authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

N. De-Identified Information. We may use your health information or disclose it a business associate, to create "de-identified" information – where your identity as the source of the information is removed. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you.

O. Personal Representative. If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information.

P. Limited Data Set. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

Q. Judicial and Administrative Proceedings. We may, and sometimes are required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected or a court or administrative order has resolved your objections.

III. Authorization for Other Uses of Medical Information

Uses of health information not covered by our most current Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. You may authorize us in writing to use your health information or disclose it to anyone for any purpose. You may revoke your authorization in writing at any time, and we will no longer use or disclose health information about

you for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization. We are unable to take back any disclosures we have already made with your authorization and we are required to retain our records of the care that we provided to you.

IV. How We Protect Your Information

FreeHab Therapy takes your privacy seriously. We implement physical, administrative, and technical safeguards to protect your personal health information from unauthorized access, disclosure, alteration, or destruction. These safeguards include:

- Secured access to our medical records system.
- Encryption of sensitive data during transmission.
- Regular audits to ensure compliance with privacy policies and regulations.

V. Sharing Your Information

We do not share your personal information with third parties unless one of the following applies:

- **With Your Consent:** We will obtain your explicit consent before sharing your personal information, except as required for the provision of care.
- **Legal Requirements:** We may share your information when required by law, such as in response to a subpoena, court order, or legal process.
- **Service Providers:** We may engage third-party contractors or service providers who assist in delivering our services (e.g., IT support). These providers are obligated to keep your information confidential and use it solely for the purpose of providing services to FreeHab Therapy.

VI. Retention of Your Information

We retain your personal and health information only for as long as necessary to fulfill the purposes outlined in this Privacy Policy, comply with legal or regulatory obligations, or resolve disputes. Once your information is no longer needed, it will be securely disposed of.

VII. Your Rights Regarding Your Information

The records concerning the services we provide to you are our property. You have the following rights concerning your information contained within them.

- A. Right to Obtain a Paper Copy of this Notice.** You have the right to a paper copy of this Notice at any time, even if you have agreed to this notice electronically.
- B. Right to Inspect and Copy.** You have the right to inspect and copy your health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To access your medical information, you must submit a written request to our HR Department detailing what information you want to access and whether you want to inspect or obtain a copy of it. We will supply you with a form for such a request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A

licensed healthcare professional who was not directly involved in the denial of your request will conduct the review. We will comply with the outcome of the review.

If we maintain your health information in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost-based fee limited to the cost associated with transmitting the electronic health record.

- C. Right to Amend or Supplement.** You have the right to request that we amend your health information that you believe is inaccurate or incomplete, for as long as we retain the information. You must make your request in writing to our HR Department and give us the reasons why you believe the information is inaccurate or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, or if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for our non-profit;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request to change the information, you have the right to request that we add to your record a statement of up to 250 words about any statement or item you believe is incomplete or incorrect. We will include your statement in your health record, but we may also include a rebuttal statement.

- D. Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your health information that we made, upon your written request, so long as it is an accounting that we are required by law to maintain. We are not required to list certain disclosures in your accounting, including:

- Disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations, unless the disclosures were made through an electronic health record, in which case you have the right to request an accounting for such disclosures that were made during the previous 3 years;
- Disclosures made pursuant to your authorization;
- Disclosures made to create a limited data set;
- Disclosures made directly to you.

Your request should indicate the form in which you would like the accounting (e.g., paper or electronically by email), and it must state a time period no longer than six years and not before August 31, 2024. The first accounting of disclosures you request within any 12-month period will be free. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

- E. Right to Request Restrictions.** You have the right to request restrictions on the health information we use or disclose about you for treatment, payment, or health care operations. For functional maintenance and wellness services, you have the right to request that we not disclose medical information about that item or service to a health plan for purposes of payment or health care operations, and we are required to honor that request. You also

have the right to request a limit on the health information we communicate about you to someone who is involved in your care or the payment for your care.

You must request your restrictions in writing to our HR Department and specify: (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; and (c) to whom you want the limits to apply. If we agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. Except as noted above, we reserve the right to accept or reject your request and will notify you of our decision.

- F. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to our HR Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- G. Right to Receive a Notice of a Breach.** We are required to notify you by first class mail or by e-mail (if you have 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 60 days following the discovery of the breach. "Unsecured Protected Health Information" is health 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 brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - A description of the type of Unsecured Protected Health Information involved in the breach;
 - Steps you should take to protect yourself from potential harm resulting from the breach;
 - A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
 - Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in California, we will send notices to prominent media outlets, and we are required to notify the Secretary of the U.S. Department of Health and Human Services immediately. We also will submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

VIII. California Laws

You are entitled to exercise any rights provided to you by California laws that are greater than those described herein. In the event that this Notice does not reference those greater rights, they shall be deemed incorporated into this Notice and will be afforded to you.

IX. Changes to This Privacy Policy

FreeHab Therapy may update this Privacy Policy from time to time to reflect changes in our practices or legal requirements. We will notify you of any material changes by posting the updated policy on our website or by other means of communication.

X. Complaints

You should direct any complaints you may have about this Notice or any beliefs you may have that your privacy rights have been violated, to our HR Department at the address listed below. You also may submit a formal complaint to: the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the U.S. Department of Health and Human Services Health Information Privacy website, <https://www.hhs.gov/hipaa/> for more information. You will not be penalized for filing a complaint.

If you have any questions about this Privacy Policy, need further information about our practices, or wish to exercise your rights regarding your personal information, please contact us at:

**FreeHab Therapy HR Department
2173 Salk Ave, Suite 250
Carlsbad, CA 92008
FreeHabTherapyHR@freehabtherapy.org**

Thank you for trusting FreeHab Therapy with your care. We are committed to providing quality therapy services while safeguarding your personal health information.

Effective Date: **July 1, 2025**
Review Date: **July 1, 2025**
Policy Owner: **Elaine Thayer, Secretary**
Approved By: **Susan Peck, Executive Director**
Revision History: **Version 1.0**

I have read and agree to FreeHab Therapy's Privacy Policy.

Signature: _____

Name (Printed): _____

Date: _____