

NOTICE OF PRIVACY PRACTICES

Effective Date: July 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.

Privacy Contact

Ethan Tall, PT, DPT
Tall Family Physical Therapy PLLC
3630 S 25th E, Suite 4, Idaho Falls, Idaho 83401

Questions or Requests

Phone: (208) 534-1557
Email: frontdesk@tallfamilypt.com
Website: tallfamilypt.com

YOUR RIGHTS AT A GLANCE

- Get a copy of your paper or electronic medical record.
- Ask us to correct your paper or electronic medical record.
- Request confidential communications.
- Ask us to limit the information we share.
- Get a list of certain disclosures of 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.

YOUR CHOICES AT A GLANCE

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

- Tell family, close friends, or others involved in your care or payment for your care about your condition.
- Provide disaster relief.
- Market our services, sell your information, or use certain psychotherapy notes.
- Conduct fundraising communications. Tall Family Physical Therapy PLLC does not currently conduct fundraising communications.

OUR USES AND DISCLOSURES AT A GLANCE

We may use and share your information as we:

- Treat you, run our organization, and bill for your services.
- Help with public health and safety issues, conduct research, and comply with the law.
- Address workers' compensation, law-enforcement requests, lawsuits, and other legal actions.

To the extent that we have substance use disorder patient records subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without your written consent or a court order and subpoena.

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 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 believe is incorrect or incomplete. Ask us how to do this.
- We may say no to your request, but we will tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way, such as by home, office, or cell phone, or to send mail to 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 health information for treatment, payment, or our operations. We are generally not required to agree, and we may say no if it could affect your care. If we agree, we may still share the information if you need emergency treatment.
- 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 payment or our operations with your health insurer. We will agree unless a law requires us to share it.

GET A LIST OF THOSE WITH WHOM WE HAVE SHARED INFORMATION

- You can ask for an accounting of certain disclosures of your health information for the six years before your request, including whom we shared it with and why.
- The accounting will not include disclosures for treatment, payment, and health care operations or certain other disclosures. We will provide one accounting each year for free and may charge a reasonable, cost-based fee for another request 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 agreed to receive the notice electronically. We will provide a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

- If someone has legal authority to act for you, such as a medical power of attorney or legal guardian, that person can exercise your rights and make choices about your health information. We will verify the person's authority before taking action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can complain if you feel we violated your rights by contacting Ethan Tall, PT, DPT at (208) 534-1557 or frontdesk@tallfamilypt.com.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail, by phone at 1-877-696-6775, or through the HHS website. 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. Tell us what you want us to do, and we will follow your instructions when applicable.

In these cases, you have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.

If you are unable to tell us your preference, such as when you are unconscious, we may share information if we believe it is in your best interest. We may also share information when necessary 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.

Tall Family Physical Therapy PLLC does not currently conduct fundraising communications. If we begin doing so, you may tell us not to contact you again. If we have Part 2 substance use disorder records, we will provide clear notice in advance and allow you to choose whether to receive fundraising communications that use Part 2 information.

HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION TREAT YOU

We can use your health information and share it with other professionals who are treating you. Example: A referring provider asks us about your condition and plan of care.

RUN OUR ORGANIZATION

We can use and share your health information to operate our practice, improve your care, and contact you when necessary. Example: We use health information to manage treatment and services.

BILL FOR YOUR SERVICES

We can use and share your health information to bill and obtain payment from health plans or other entities. Example: We provide information to your insurer so it can process a claim.

ADDITIONAL PROTECTIONS FOR CERTAIN SUBSTANCE USE DISORDER RECORDS

In all cases, including the uses listed on this notice, if we have substance use disorder patient records about you that are 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 your consent or a court order and subpoena.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share information in other ways, usually for purposes that contribute to the public good. We must meet legal conditions before sharing information for these purposes.

Help with public health and safety issues: We can share information for purposes such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect, and reducing a serious threat to health or safety.

Do research: We can use or share your information for health research as permitted by law.

Comply with the law: We will share information when state or federal law requires it, including with the U.S. Department of Health and Human Services if it wants to verify compliance with federal privacy law.

Respond to organ and tissue donation requests: We can share health information with organ-procurement organizations.

Work with a medical examiner or funeral director: We can share information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and government requests: We can use or share information for workers' compensation claims; law-enforcement purposes; health-oversight activities; and special government functions such as military or national-security purposes.

Respond to lawsuits and legal actions: We can share information in response to a court or administrative order or in response to a subpoena as permitted by law.

OUR RESPONSIBILITIES

- 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 in this notice unless you give us written permission. You may change your mind at any time by notifying us in writing.

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 updated notice will be available upon request, in our office, and on our website.

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