NOTICE OF PRIVACY PRACTICES

Wanda Simmons Physical Therapy, PC

Doing Business As: Balance Center Physical Therapy

Effective Date: November 1, 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.

Our Commitment to Your Privacy

Wanda Simmons Physical Therapy, PC, doing business as Balance Center Physical Therapy (referred to as "we," "our," or "the Practice"), is committed to protecting the privacy and confidentiality of your personal health information.

We understand that information about your health and medical care is personal. We are required by federal and Colorado law to maintain the privacy and security 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.

This notice applies to all records of your care maintained by our practice, whether in electronic, written, or other formats.

1. How We May Use and Disclose Your Health Information

We may use or disclose your protected health information without obtaining your written authorization for the following purposes, as permitted by law.

Treatment

We may use and share your health information with other healthcare professionals involved in your care, including your referring physician, specialists, and other providers, when necessary to coordinate and provide treatment.

Examples include:

- Communicating with your physician regarding your physical therapy evaluation, progress, or treatment recommendations.
- Sharing relevant medical information with another healthcare provider involved in your care.
- Coordinating your treatment and rehabilitation services.

Payment

We may use and disclose your health information to obtain payment for services provided.

Examples include:

- Submitting claims to Medicare or commercial health insurance companies.
- Verifying insurance coverage and benefits.
- Obtaining authorization for physical therapy services.
- Providing medical documentation necessary to support claims for payment.
- Collecting outstanding patient balances.

Healthcare Operations

We may use and disclose your health information for activities necessary to operate our practice and provide quality care.

Examples include:

- Reviewing the quality and effectiveness of patient care.
- Staff training and professional oversight.
- Practice administration and financial management.
- Scheduling and appointment reminders.
- Compliance reviews and audits.
- Maintaining electronic medical records and other business systems.

Appointment Reminders and Health-Related Communications

We may contact you by telephone, voicemail, email, text message, or mail regarding appointments, scheduling, billing, treatment-related information, and other health-related services.

You may request that we communicate with you in a particular manner or at a specific location, and we will accommodate reasonable requests.

2. Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without your written authorization when permitted or required by applicable law, including:

- **Public health activities:** When required for public health reporting or other legally authorized activities.
- **Abuse or neglect:** When reporting suspected abuse, neglect, or domestic violence as required or permitted by law.
- **Health oversight:** For activities such as audits, investigations, inspections, and licensing activities conducted by authorized government agencies.
- **Legal proceedings:** In response to a court order or other legally authorized process.
- **Law enforcement:** When required or permitted by applicable law.
- **Workers' compensation:** When necessary to comply with workers' compensation laws.
- **Serious health or safety threats:** When necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- **Legal requirements:** When disclosure is otherwise required by federal, state, or local law.

We will limit disclosures to the information permitted or required for the particular purpose.

3. Uses and Disclosures Requiring Your Written Authorization

Uses and disclosures of your health information not described in this notice will generally require your written authorization.

You may revoke an authorization in writing at any time, except to the extent that we have already acted in reliance on that authorization.

Written authorization is generally required for:

- Use or disclosure of your health information for marketing purposes.
- Sale of your protected health information.
- Other uses or disclosures not otherwise permitted or required by law.

We do not sell patient health information or use patient medical information for marketing purposes.

4. Your Rights Regarding Your Health Information

You have the following rights regarding the health information we maintain about you.

Right to Inspect and Obtain Copies

You may request to inspect or obtain a paper or electronic copy of your medical and billing records.

Requests should be submitted in writing. We will respond within the timeframes required by applicable law. We may charge a reasonable, cost-based fee for copies as permitted by law.

Right to Request an Amendment

If you believe information in your medical record is incorrect or incomplete, you may request an amendment in writing.

We may deny your request under certain circumstances permitted by law. If we deny your request, we will provide you with a written explanation and information about your right to submit a statement of disagreement.

Right to Request Confidential Communications

You may request that we contact you in a particular way or at a specific location.

For example, you may request that:

- We contact you only by cell phone.
- We leave messages only at a specified telephone number.
- We send correspondence to an address different from your home address.

We will accommodate reasonable requests.

Right to Request Restrictions

You may request that we limit how we use or disclose your health information for treatment, payment, or healthcare operations.

We are not required to agree to every request.

However, if you pay for a service or healthcare item completely out of pocket and request that we not disclose information about that service to your health insurer for payment or healthcare operations purposes, we must honor that request unless disclosure is otherwise required by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by our practice during the six years preceding your request.

This accounting does not include disclosures for treatment, payment, healthcare operations, or certain other exceptions permitted by law.

Right to a Copy of This Notice

You may request a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your privacy rights on your behalf, subject to applicable law.

5. Our Responsibilities

Wanda Simmons Physical Therapy, PC, DBA Balance Center Physical Therapy, is required by law to:

- Maintain the privacy and security 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 that may have compromised the privacy or security of your protected health information, as required by law.
- Ensure that employees, contractors, and business associates with access to protected health information follow applicable privacy and security requirements.

We use reasonable administrative, physical, and technical safeguards to protect your information from unauthorized access, use, or disclosure.

6. Electronic Health Information and Business Associates

Our practice may use electronic medical records, scheduling systems, billing services, secure communication platforms, and other technology to manage patient care and practice operations.

We may share your protected health information with third-party service providers who perform services on our behalf, when necessary for our operations and as permitted by law.

When required, these service providers are considered business associates and must agree to protect your health information through appropriate contractual safeguards.

We take reasonable steps to protect information transmitted or maintained electronically.

7. Patient Communication Policy

Balance Center of Fort Collins is committed to protecting your privacy and personal information. Information collected through our website, intake forms, and patient communications is used solely to provide healthcare services, manage appointments, communicate with patients, and support our business operations.

We do not sell, rent, trade, or otherwise provide your personal information to third parties for marketing or other unrelated purposes. Information is shared only when necessary to provide services, with trusted service providers subject to confidentiality and security requirements, with your authorization, or as required by law.

We protect patient information in accordance with applicable privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). We take reasonable measures to safeguard your personal and medical information against unauthorized access, disclosure, or misuse.

Mobile opt-in information, including phone numbers and SMS consent, will not be shared with third parties for marketing purposes. We use it only to send the messages you asked for.

8. Changes to This Notice

We reserve the right to change the terms of this notice and our privacy practices as permitted by law.

Any revised notice will apply to all health information we maintain, including information created or received before the revision.

The current notice will be available in our office and on our website. You may request a copy at any time.

9. Privacy Complaints and Questions

If you have questions about this notice or believe your privacy rights have been violated, you may contact our Privacy Officer.

Privacy Officer: Wanda Simmons
Practice: Wanda Simmons Physical Therapy, PC
DBA: Balance Center Physical Therapy
Mailing Address: 1136 East Stuart St. Suite 2120. Fort Collins, CO 80525
Telephone: 970-492-5161 **Email:** balancefortcollins@gmail.com
You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
Telephone: 1-877-696-6775 Website: https://www.hhs.gov/hipaa/filing-a-complaint/

We will not retaliate against you for filing a complaint.