

OSO PHYSICAL THERAPY

Notice of Privacy Practices

Protected Health Information (PHI)

Health Insurance Portability & Accountability Act of 1996 (HIPAA)

Effective Date: March 10, 2026

Last Updated: March 10, 2026

Applies to: OSO Physical Therapy | <https://osophysicaltherapy.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.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

- **Treatment:** We may use medical information about you to provide you with medical treatment or services.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company, or a third party.
- **Health Care Operations:** We may use and disclose health information about you for operations of our health care practice.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care.
- **Health-Related Services and Treatment Alternatives:** We may use and disclose health information to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you.
- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Worker's Compensation:** We may release medical information about you for workers' compensation or similar programs.
- **Public Health Risks:** We may disclose medical information about you for public health activities.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.

- **Law Enforcement:** We may release medical information if asked to do so by law enforcement officials.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

- **Your Right to Inspect and Copy:** To inspect and copy your medical information, you must submit your request in writing. We may deny your request to inspect and copy in limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed.
- **Your Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may request an amendment in writing. Your request may be denied if you do not include a reason to support the request.
- **Your Right to an Accounting of Disclosures:** You have the right to request in writing a list accounting for any disclosures of your medical information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.
- **Your Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request.
- **Your Right to Request Confidential Communications:** You have the right to request in writing that we communicate with you about medical matters in a certain way or at a certain location.
- **Your Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time upon request.

YOUR RIGHT TO NOTIFICATION OF A BREACH

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, you have the right to receive notification in the event of a breach of your unsecured protected health information. We are required to notify you without unreasonable delay, and in no case later than 60 days following our discovery of a breach. The notification will include:

- A brief description of what happened, including the date of the breach and the date of discovery;

- A description of the types of unsecured protected health information involved;
- Steps you should take to protect yourself from potential harm;
- A brief description of what we are doing to investigate the breach, mitigate harm, and prevent further breaches; and
- Contact information for you to ask questions or learn additional information.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all protected health information we maintain. The updated Notice will be posted on our website at <https://osophysicaltherapy.com> and in our facility. The effective date at the top of this Notice will be updated accordingly.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Notice, please contact our Privacy Officer:

Dan Hirai, Privacy Officer

OSO Physical Therapy

1726 Clement Avenue

Alameda, California 94501

Phone: (510) 915-1448

Email: Dan.Hirai@osophysicaltherapy.com

COMPLAINTS TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

You may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received a copy of OSO Physical Therapy's Notice of Privacy Practices.

Patient Name (Print): _____

Signature: _____ Date: _____

If the patient is a minor or unable to sign, please indicate:

Representative Name (Print): _____

Relationship to Patient: _____

Signature: _____ Date: _____

For Office Use Only:

Date patient was provided with Notice: _____

Staff Initials: _____