LUX CONCIERGE PHYSICAL THERAPY, PLLC

Notice of Privacy Policies

Effective May 29, 2026
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this practice.

This notice explains the ways in which I may use and disclose health information about you. It also describes your rights regarding the health information I keep and my obligations regarding its use and disclosure.

I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Provide adequate notice of your rights and my legal duties if I create or maintain records protected by 42 C.F.R. Part 2.

I may change the terms of this Notice. Any changes will apply to all information I have about you. A revised Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category, I explain what I mean and provide examples. Not every use or disclosure in a category will be listed; however, all permitted uses and disclosures will fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers who have a direct treatment relationship with a patient or client to use or disclose personal health information without written authorization to carry out their own treatment, payment, or health care operations. I may also disclose your PHI for the treatment activities of another health care provider. For example, if I consult with another licensed health care provider about your condition, I may use or disclose information to assist with diagnosis and treatment.

If your records are protected under 42 C.F.R. Part 2, certain uses and disclosures permitted by HIPAA for treatment, payment, and health care operations are materially limited by the stricter standards of those regulations. Information disclosed pursuant to these rules may be subject to redisclosure by the recipient and may no longer be protected by federal privacy standards.

Disclosures for treatment are not limited to the minimum necessary standard because other health care providers may need the full record or complete information to provide quality care. Treatment includes coordination and management of health care, consultations between health care providers, and referrals from one provider to another.

Lawsuits and Disputes

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or obtain an order protecting the information requested. Records protected by 42 C.F.R. Part 2, or testimony relaying their content, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order is issued in accordance with 42 C.F.R. Part 2.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Session Notes

I do keep “Session notes,” and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For my use in treating you.
- For my use in training or supervising associates to help them improve their clinical skills.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law and limited to the requirements of that law.
- Required by law for certain health oversight activities pertaining to the originator of the session notes.
- Required by a coroner performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

2. Substance Use Disorder (SUD) Counseling Notes

I may also maintain “SUD counseling notes,” which are notes recorded by a substance use disorder provider documenting the contents of a counseling session. Any use or disclosure of these notes requires your separate written authorization, which cannot be combined with a consent for other types of records. You may revoke your consent at any time, except to the extent that I have already acted upon it to disclose these notes in accordance with your initial authorization.

3. Marketing Purposes

As a health care provider, I will not use or disclose your PHI for marketing purposes.

4. Sale of PHI

As a health care provider, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I may use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of that law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
- For health oversight activities, including audits and investigations.

- For judicial and administrative proceedings, including responding to a court or administrative order. My preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners when they are performing duties authorized by law.
- For research purposes, including studying and comparing patients who received one form of care versus another for the same condition.
- For specialized government functions, including military missions, protection of the President of the United States, intelligence or counter-intelligence operations, or safety in correctional institutions.
- For workers' compensation purposes. My preference is to obtain an Authorization from you, but I may provide PHI to comply with workers' compensation laws.
- For appointment reminders and health-related benefits or services. I may use and disclose PHI to remind you about an appointment or to tell you about treatment alternatives, health care services, or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. Disclosures to family, friends, or others

I may provide your PHI to a family member, friend, or other person you indicate is involved in your care or payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

2. Fundraising

If I intend to use or disclose records protected by 42 C.F.R. Part 2 for fundraising for my benefit, I will provide you with a clear and conspicuous opportunity to opt out before any such use or disclosure occurs.

VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI

1. The right to request limits on uses and disclosures of your PHI

You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to your request and may say no if I believe it would affect your health care.

2. The right to request restrictions for out-of-pocket expenses paid in full

You may request restrictions on disclosures of PHI to health plans for payment or health care operations if the PHI pertains solely to a health care item or service that you have paid for out of pocket in full.

3. The right to choose how I send PHI to you

You may ask me to contact you in a specific way, such as at home or work, or to send mail to a different address. I will agree to all reasonable requests.

4. The right to see and get copies of your PHI

Other than psychotherapy notes and SUD counseling notes, you may get an electronic or paper copy of your medical record and other information I have about you. I will provide a copy of your record, or a summary if you agree to receive one, within 30 days of receiving your written request. I may charge a reasonable, cost-based fee.

5. The right to get a list of disclosures I have made

You may request a list of disclosures of your PHI for purposes other than treatment, payment, or health care operations, or disclosures for which you provided an Authorization. I will respond within 60 days of receiving your request. The list will

include disclosures made during the last six years unless you request a shorter period. I will provide the first list at no charge; if you make more than one request in the same year, I may charge a reasonable cost-based fee for each additional request. If applicable, you may also request an accounting of disclosures specifically for SUD records protected under 42 C.F.R. Part 2.

6. The right to correct or update your PHI

If you believe there is a mistake in your PHI, or that important information is missing, you may ask me to correct or add the information. I may say no, but I will tell you why in writing within 60 days of receiving your request.

7. The right to get a paper or electronic copy of this Notice

You may get a paper copy of this Notice and may request a copy by email. Even if you have agreed to receive this Notice electronically, you may still request a paper copy.

VII. QUESTIONS, COMPLAINTS, AND CONTACT INFORMATION

If you have questions about this Notice or would like more information about LUX Concierge Physical Therapy's privacy practices, contact:

Privacy Officer
LUX Concierge Physical Therapy, PLLC
3161 N Broadway, Chicago, IL 60657
Phone: (847) 220-4268
Email: jordan@luxcpt.com

If you believe your privacy rights have been violated, you may file a complaint with LUX Concierge Physical Therapy or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

To file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, visit www.hhs.gov/hipaa/filing-a-complaint or call 1-877-696-6775.

This Notice is effective May 29, 2026.