

# NOTICE OF PRIVACY PRACTICES

Motion360 Therapy

5045 Old Hickory Blvd, Suite 104, Hermitage, TN 37076 • 615-942-0380 • motion360therapy.com

Effective Date: 10/14/2026

**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.**

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get a copy of your health and billing records

You can ask to see or get a paper or electronic copy of your record and other health information we have about you. Ask us how to do this. We will provide a copy of your health information within 10 working days of your written request. We do not charge for copies.

### Ask us to correct your health and billing records

You can ask us to correct records you think are 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 — for example, on a personal cell phone rather than a home phone — or to send mail to a different address. We will consider all reasonable requests, and we must say “yes” if you tell us you would be in danger if we do not. We will not ask you why you are making the request.

### 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 not required to agree to your request, and we may say “no” if doing so would affect your care. If we do agree, we will honor it except in a medical emergency.

If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or operations purposes, and we will agree unless a law requires us to share it.

### Get a list of those with whom we’ve shared information

You can ask for a list (an accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures such as any you asked us to make. We will provide one accounting a year for free. If you ask for another within 12 months, we may charge a reasonable, cost-based fee, and we will tell you the amount before we proceed.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide a paper copy promptly.

### Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights, by contacting us using the information in the Complaints section below. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint, and filing one will never affect your care.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

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

If you are not able to tell us your preference — for example, if you are unconscious — we may go ahead and share your information if we believe it is in your best interest, or if it is needed 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.

## Our Uses and Disclosures

### How do we typically use or share your health information?

| Purpose          | What this means                                                                                                                                                                                                                           |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treat you        | We can use your health information and share it with other professionals who are treating you, including communicating with your family doctor or a referring physician when it is beneficial to your care.                               |
| Run our practice | We can use and share your health information to run our practice, improve your care, and contact you — for example, appointment reminders through the methods you choose, and using our practice management and secure messaging systems. |

| Purpose                | What this means                                                                                                                                                                                                                                                                                                              |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bill for your services | Motion360 Therapy is a private-pay practice and does not bill insurance companies on behalf of clients. If you would like to seek reimbursement from your insurer, we can provide a superbill for you to submit directly, consistent with our written safeguards for transmitting documents that contain health information. |

### How else can we use or share your health information?

We are permitted or required to share your information in the following ways — usually only the minimum necessary information to accomplish the purpose:

- Help with public health and safety issues, such as preventing disease, reporting problems with products, or notifying a person who may have been exposed to a disease.
- Report suspected abuse, neglect, or domestic violence to a government authority, as the law requires or allows.
- Comply with the law, when required by federal, state, or local law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director when a client dies.
- Work with law enforcement, such as responding to a court order or warrant, helping find a suspect or missing person, or reporting a crime on our premises.
- Share information about a work-related injury or illness for a workers' compensation claim, as the law allows.
- Help government agencies that oversee health care, such as through audits, inspections, and licensing.
- Prevent a serious and imminent threat to someone's health or safety.
- Meet certain government functions, such as military command, national security, protective services for the President, and correctional institutions.
- Respond to lawsuits and legal actions, such as a court order or subpoena.

Substance use disorder records: Sometimes we may receive records from a substance use disorder treatment program covered by federal rule 42 CFR Part 2. We will not use or share those records, or testimony about what is in them, in a court case or government proceeding against you unless you give us written consent, or a judge orders it after you or the program have been told and had a chance to be heard.

Once we share your health information with someone outside our practice, that person may share it again. It may no longer be protected by federal privacy 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 here unless you tell us we can in writing. If you tell us that we can, you may change your mind at any time — let us know in writing.
- If we become aware that your information has been used or shared in a way this notice does not permit, we will take reasonable steps to reduce any harm that may result.

- We will never ask you to give up any of your privacy rights as a condition of receiving treatment from us. Your care does not depend on signing anything that waives these rights.

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

## Complaints

You can complain to us or to the U.S. Department of Health and Human Services if you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

| Complain to                                                           | How                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Motion360 Therapy                                                     | <b>Privacy Officer</b><br><b>Phone:</b><br>615-942-0380<br><br><b>Mail:</b><br>Motion360 Therapy<br>Attn: Privacy Officer<br>5045 Old Hickory Blvd<br>Suite 104<br>Hermitage, TN 37076                                                                                                                                                                                                   |
| U.S. Department of Health and Human Services, Office for Civil Rights | Mail: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, Washington, D.C. 20201. Phone: 1-800-368-1019 (toll-free). Email: <a href="mailto:OCRPrivacy@hhs.gov">OCRPrivacy@hhs.gov</a> . Complaint portal: <a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a> |

## Other Information About This Notice

This Notice of Privacy Practices applies to the health information created and maintained by Motion360 Therapy, including information held in our electronic health record and practice management systems, our billing records, and our secure communications platforms.

A copy of this notice is provided to every client at or before their first date of service, and we document a good-faith effort to obtain a written acknowledgment of receipt.

For questions about this notice or your privacy rights, contact the Privacy Officer at 615-942-0380 or send mail to our office at:

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