# Advance Physical Therapy

*KJC Corp dba Advance Physical Therapy, Scoliosis and Postural Restoration Center*

## NOTICE OF PRIVACY PRACTICES

*Protected Health Information (PHI) — HIPAA Compliance*

*Effective Date: June 22, 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.**

**IMPORTANT DISTINCTION:** This Notice of Privacy Practices applies exclusively to your protected health information (PHI) collected in connection with your physical therapy care at Advance Physical Therapy. Information collected through our website — such as contact form submissions, Acuity Scheduling requests, or cookies — is governed separately by our Website Online Privacy Policy, available at www.advance-physicaltherapy.com.

## 1. Our Legal Duty

KJC Corp dba Advance Physical Therapy, Scoliosis and Postural Restoration Center is required by law — specifically the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations — to maintain the privacy and security of your protected health information (PHI). PHI includes any individually identifiable information that relates to your past, present, or future physical or mental health condition; the provision of health care services to you; or the payment for such services.

We are required to provide you with this Notice and to abide by its terms. We will notify you if we are unable to agree to a restriction you request on our uses or disclosures of your PHI. We will also notify you in the event of a breach of your unsecured PHI as required by the HIPAA Breach Notification Rule.

## 2. How We May Use and Disclose Your PHI Without Authorization

### Treatment

We may use and disclose your PHI to provide, coordinate, or manage your physical therapy care. For example, your treating physical therapist may share relevant portions of your clinical record with your referring physician, a specialist, or another health care provider involved in your care. We also use Empower EMR, our practice management and electronic health records system, to document and coordinate your treatment.

### Payment

We may use and disclose your PHI to obtain payment for services we have provided, including submitting claims to your health insurance company, Medicare, Medicaid, workers' compensation carriers, or other payers. This includes information necessary to verify coverage, obtain prior authorizations, and resolve billing disputes.

### Health Care Operations

We may use and disclose your PHI for health care operations purposes necessary to run our practice, including quality improvement and assessment activities, training and supervision of clinical staff, compliance audits, business planning, and accreditation activities.

**Telehealth via Zoom for Healthcare**

We provide telehealth physical therapy services through Zoom for Healthcare, a HIPAA-compliant video communication platform. Zoom for Healthcare has entered into a Business Associate Agreement (BAA) with our practice. Health information discussed or shared during telehealth sessions is PHI and is governed by this Notice. We recommend that you participate from a private location to protect your own privacy.

**Empower EMR — Electronic Health Records**

We use Empower EMR as our electronic health records and practice management system. Empower EMR operates under a Business Associate Agreement (BAA) with our practice as required by HIPAA. Your clinical records, appointment history, billing records, and related health information are stored and managed through this system. Access to Empower EMR is restricted to authorized staff members involved in your care or in the operations of our practice.

**Appointment Scheduling — Acuity Scheduling**

General appointment scheduling through Acuity Scheduling (accessible from our website) involves only basic contact and scheduling information, not PHI. Once you become a patient and health-related information is associated with your appointments, that information is transferred to and managed within our Empower EMR system and is subject to this Notice.

**Other Permitted Uses and Disclosures**

We may use or disclose your PHI without your written authorization in the following circumstances as permitted by HIPAA:

- As required by federal, state, or local law (e.g., mandatory reporting requirements)
- For public health activities, including reporting communicable diseases or adverse events
- To appropriate authorities when there is a reasonable belief of abuse, neglect, or domestic violence
- For health oversight activities including audits, inspections, and licensure proceedings
- In response to lawful court orders, subpoenas, warrants, or legal proceedings
- To law enforcement officials under specific circumstances defined by HIPAA
- To coroners, medical examiners, and funeral directors as necessary
- For organ, eye, or tissue donation purposes
- For research purposes under specific HIPAA-compliant conditions
- To avert a serious and imminent threat to the health or safety of a person or the public
- For workers' compensation or similar programs as authorized by state law
- To the U.S. Department of Health and Human Services (HHS) for compliance and enforcement purposes

## 3. North Carolina and California State Law Considerations

**North Carolina**

North Carolina law may impose additional privacy protections for certain categories of health information, including mental health records, HIV/AIDS-related information, and substance use disorder records. Where North Carolina law is more protective than HIPAA, we comply with the more

stringent state law standard. Certain disclosures may require specific written consent or may be subject to additional restrictions under North Carolina General Statutes.

**California**

California imposes some of the strongest health information privacy protections in the country. Under the California Confidentiality of Medical Information Act (CMIA) and other state laws, we may be subject to stricter requirements regarding the disclosure of your medical information. California law also provides enhanced protections for certain sensitive categories, including mental health information, reproductive health, and substance use records. Where California law is more protective than HIPAA, we apply the more protective standard for California patients receiving services in California.

## 4. Uses and Disclosures Requiring Your Written Authorization

The following uses and disclosures require your signed written authorization:

- Most uses and disclosures of psychotherapy notes (with limited exceptions)
- Use or disclosure of your PHI for marketing purposes
- The sale of your PHI
- Any other use or disclosure of your PHI not described in this Notice

You may revoke any authorization you have given us at any time by submitting a written revocation to our Privacy Officer. Your revocation will not affect any actions we took in reliance on your authorization before we received the revocation.

## 5. Your Rights Regarding Your PHI

**Right to Access and Receive a Copy**

You have the right to inspect and receive a copy of PHI we maintain about you in a designated record set, including your clinical records and billing records. Requests must be submitted in writing to our Privacy Officer. We may charge a reasonable, cost-based fee for copying. We will respond to your request within 30 days. We may deny access in limited circumstances; if denied, you may request a review of the denial.

**Right to Request Amendment**

If you believe that your PHI is inaccurate or incomplete, you may request that we amend it. Your request must be in writing and explain why the information should be amended. We may deny your request if we determine the information is accurate, complete, and was not created by us, or if it is not part of a designated record set. We will provide a written explanation for any denial.

**Right to an Accounting of Disclosures**

You have the right to receive a list of certain disclosures of your PHI we made during the six years prior to your request. This right does not apply to disclosures made for treatment, payment, health care operations, or disclosures you authorized. Requests must be in writing; we will respond within 60 days.

**Right to Request Restrictions**

You have the right to request that we restrict certain uses or disclosures of your PHI. We are not required to agree to your request unless the restriction involves a disclosure to a health plan for payment or health care operations purposes and the PHI relates solely to items or services you paid for out-of-pocket in full, in which case we must agree.

**Right to Request Confidential Communications**

You have the right to request that we contact you about your PHI by alternative means or at an alternative location (for example, contacting you only at your work number or mailing records to a different address). We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice**

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Please contact our office or Privacy Officer to request a copy.

**Right to Be Notified of a Breach**

You have the right to be notified if there is a breach of your unsecured PHI. We will notify you in writing within 60 days of discovering a breach, as required by HIPAA, and will provide details about what occurred, what information was involved, and what steps we are taking.

## 6. Our Privacy Officer

We have designated a Privacy Officer responsible for overseeing our compliance with HIPAA and this Notice. To exercise any of your rights, to request a restriction, or with any privacy-related questions or concerns, please contact:

**Privacy Officer:** Jean Masse, Co-Owner

**Organization:** KJC Corp dba Advance Physical Therapy, Scoliosis and Postural Restoration Center

**Address:** 1709 Legion Road, Suite 100, Chapel Hill, NC 27517

**Phone:** (919) 932-7266

**Email:** jean@advance-physicaltherapy.com

## 7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us directly by contacting our Privacy Officer, or you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you in any way for filing a complaint.

**HHS Office for Civil Rights:** 200 Independence Avenue, S.W., Washington, D.C. 20201

**OCR Complaint Hotline:** 1-800-368-1019 (TDD: 1-800-537-7697)

**Online:** www.hhs.gov/ocr/privacy/hipaa/complaints

## 8. Changes to This Notice

We reserve the right to change this Notice of Privacy Practices at any time. We reserve the right to make a revised Notice effective for PHI we already maintain about you as well as PHI we receive in the future. We will post the current Notice in our office and on our website. You may request a copy of the current Notice at any time by contacting our Privacy Officer.

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices of KJC Corp dba Advance Physical Therapy, Scoliosis and Postural Restoration Center.

Patient Signature: _____ Date: _____

Printed Name: _____

Date of Birth: _____

If signed by personal representative:

Representative Name & Signature: _____ Relationship: _____

*For website data practices, see our Website Online Privacy Policy at www.advance-physicaltherapy.com.*