



6603 220th St SW Ste 102, Mountlake Terrace WA 98043

Phone: (425) 776-8994 | Fax: (425) 672-7065

## **NOTICE OF PATIENT PRIVACY PRACTICES**

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**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.**

**This Notice of Privacy Practices describes how Olympic Spine & Sound Pain Solutions may use and disclose your health information and how you can access this information. This Notice explains how we use and share your health information and describes your rights and our legal duties under federal and state privacy laws.**

### **Who This Notice Applies To**

This Notice of Privacy Practices applies to our practice and all related services we provide, including those performed by our support staff and business associates who help deliver or manage your care. We follow the requirements of the Health Insurance Portability and Accountability Act (HIPAA). This Notice applies to you as a patient of our practice and to any services we provide in connection with your care.

If you have any questions about this Notice, please contact our Privacy Officers Lee Shelley, Tristan Kelly, Kaiya Griffith, or any staff member in our office.

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### **OUR OBLIGATIONS**

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

We may change the terms of this Notice from time to time. When we make a significant change, we will post the revised version in our office and, if applicable, on our website. You may obtain the current version at any time by contacting our Privacy Officer or asking at the front desk. You may contact our Privacy Officer in person at our office, by mail at the address above, or by phone.



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## **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Protected Health Information (PHI) is information about you that may identify you and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or payment for that care.

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## **USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION**

**Federal law (HIPAA) permits us to use and disclose your protected health information for treatment, payment, and health care operations without a separate written authorization, as described in this Notice.**

### **Treatment**

We may use or disclose your PHI to provide, coordinate, or manage your health care and related services. This includes sharing information with other health care providers involved in your care.

### **Payment**

We may use or disclose your PHI to obtain payment for services provided to you. This may include billing insurance companies, determining eligibility or coverage, payment processing, utilization review, and related activities.

### **Health Care Operations**

We may use or disclose your PHI to support the business operations of this practice, including quality assessment, employee training, internal audits, and administrative activities.

We may use sign-in sheets or call you by name in the waiting area as part of our normal operations, in a manner consistent with applicable privacy requirements.

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## **BUSINESS ASSOCIATES**

We may share your PHI with third-party “business associates” who perform services for us (such as billing, IT support, or transcription). These entities are required by contract to protect the privacy and security of your PHI.



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To the extent applicable, we will require, through our agreements with that business associate, that they protect those records in accordance with applicable Part 2 confidentiality requirements.

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## **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. These include:

- Disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes
- Disclosures that constitute a sale of PHI
- Other uses and disclosures not described in this Notice

### **Substance Use Disorder (SUD) Records – 42 C.F.R. Part 2**

Certain records related to Substance Use Disorder (SUD), if present in your record, receive additional confidentiality protections under federal law (42 C.F.R. Part 2).

Our primary services are physical medicine care. We are not a substance use disorder (SUD) treatment program as defined by federal law. However, we may receive or maintain information related to SUD treatment if you or another provider shares that information with us.

If our office maintains such information—such as information received from other providers, hospitals, or patient disclosures—those records generally will not be used or disclosed without your specific written authorization, except as otherwise permitted or required by federal law.

**A standard authorization to release medical information may not be sufficient to permit disclosure of SUD-protected records. When required by law, we will obtain an authorization that specifically covers SUD information and complies with 42 C.F.R. Part 2.** You may revoke your authorization for us to disclose SUD-protected records at any time by submitting a written request to our Privacy Officer. Revocation will not affect disclosures already made in reliance on your prior authorization.

Most patients seen in our practice will not have records covered by these special rules. This section applies only if we receive or maintain information from an SUD treatment program.



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## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES**

We may use or disclose your PHI without your authorization in the following situations:

**Public Health & Safety** - For public health activities, reporting communicable diseases, preventing serious threats to health or safety, and as required by law.

**Health Oversight** - To health oversight agencies for audits, investigations, inspections, and compliance activities.

**Abuse, Neglect, or Domestic Violence** - As required or permitted by law to appropriate authorities.

**Workers' Compensation** - As authorized to comply with workers' compensation laws, including communications with the Department of Labor & Industries, insurers, vocational counselors, and employers involved in return-to-work coordination.

**Personal Injury** - When your care relates to a personal injury, we may disclose relevant health information to insurers, claims managers, employers, or attorneys involved in your case as permitted by law or with your authorization.

**Required by Law** - When disclosure is required by federal, state, or local law.

**Appointment Reminders.** We may use and disclose information in your medical record to contact you as a reminder that you have an appointment at Olympic Spine and Sports Therapy. We may contact you by phone, voicemail, email, text message, patient portal, or mail regarding appointments, treatment follow-up, or administrative matters. Messages may be left with individuals answering your phone unless you request otherwise; however, you may request that we provide such reminders only in a certain way or only at a certain place. We will endeavor to accommodate all reasonable requests.

**Open Room Therapies.** We provide spinal adjustments, physical rehabilitation, and other treatments in an open room style with other patients in the same room. Occasionally comments about your symptoms, improvement, or lack thereof may be discussed during your office visits.

**Newsletters and Other Communications.** We may use your personal information to communicate to you via newsletters, emails, mailings, or other means regarding treatment options, health related information, billing and insurance matters, disease management programs, wellness programs, or other community-based initiatives or activities in which our practice is participating.



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**Important Note About SUD Records:** Some disclosures described in this section do not apply to records protected by 42 C.F.R. Part 2. Please see the “Substance Use Disorder (SUD) Records – 42 C.F.R. Part 2” section of this Notice for information about how we handle SUD-protected records.

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## LEGAL PROCEEDINGS & LAW ENFORCEMENT

We may disclose PHI in response to a valid court order, subpoena, discovery request, or other lawful process as permitted by law.

**Important:** Records protected under federal Substance Use Disorder confidentiality regulations (42 C.F.R. Part 2), if applicable, may only be disclosed pursuant to a court order that specifically authorizes such disclosure or as otherwise permitted by federal law. A subpoena or legal request alone may not be sufficient for disclosure of SUD-protected information.

If we maintain records protected by 42 C.F.R. Part 2, those records are subject to stricter rules than other PHI. Please refer to the “Substance Use Disorder (SUD) Records – 42 C.F.R. Part 2” section of this Notice for details.

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## YOUR RIGHTS

You have the right to:

- **Inspect and Copy** – You may inspect and obtain a copy of your PHI, subject to certain legal exceptions and reasonable, cost-based fees.
- **Request Restrictions** – You may request limits on certain uses or disclosures of your PHI; however, we are not required to agree to all requests.
- **Confidential Communications** – You may request that we communicate with you by alternative means or at alternative locations.
- **Amend** – You may request that we amend your PHI if you believe it is incorrect or incomplete.
- **Accounting of Disclosures** – You may request an accounting of certain disclosures of your PHI as defined by law.



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- **Breach Notification** – If there is a breach of your unsecured PHI, we will notify you as required by applicable law.
- **Paper Copy** – You may request a paper copy of this Notice at any time.

To exercise any of these rights, please submit a written request to our Privacy Officer.

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#### **SPECIAL RIGHTS REGARDING SUD RECORDS**

If our office maintains records protected under 42 C.F.R. Part 2, you have additional rights related to those records. Disclosure of such information generally requires your written authorization, and you may revoke that authorization at any time. Revocation will not apply to disclosures already made in reliance on your authorization.

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#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services by visiting [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa) or calling 1-800-368-1019.

To file a complaint with our office, please contact the Privacy Officer at the address or phone number listed above. You will not be penalized or retaliated against for filing a complaint.

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#### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective as of: **2/16/26**

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