

# AdaptivMVMT Physical Therapy & Performance, Inc.

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## NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2026 • Compliant with 45 C.F.R. § 164.520 (February 2026 Update)

**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 INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

**Your Rights:** Access your records • Correct your record • Request confidential communication • Limit what we share • Accounting of disclosures • Copy of this notice • Choose a personal representative • File a complaint

**Your Choices:** Family/friend sharing • Disaster relief • Marketing and fundraising opt-out • Psychotherapy notes protection

**Our Uses & Disclosures:** Treatment • Payment • Healthcare operations • Public health & safety • Legal compliance • Legal actions

**Important Warning:** Once your information is disclosed pursuant to HIPAA, it may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. See Section 2D.

## 1. OUR COMMITMENT TO YOUR PRIVACY

AdaptivMVMT Physical Therapy & Performance, Inc. (the "Practice") is required by federal and California law to maintain the privacy and security of your Protected Health Information (PHI) and to provide you with this notice of our legal duties and privacy practices. We are required to: (1) maintain the privacy of your PHI; (2) notify you promptly if a breach occurs that may compromise your PHI; (3) follow the privacy practices described in this notice; and (4) provide you with a copy of this notice upon request.

This Notice complies with HIPAA (45 C.F.R. § 164.520), incorporating the February 2026 updates required by the 2024 HIPAA Privacy Rule Final Rule and the 2024 Part 2 Final Rule (89 Fed. Reg. 33064, April 26, 2024), and California's Confidentiality of Medical Information Act (CMIA, Cal. Civil Code §§ 56–56.37). Where California law is more protective than HIPAA, California law applies.

## 2. HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

### 2A. Permitted Uses and Disclosures Without Your Authorization

- **Treatment:** To provide, coordinate, or manage your care and share information with other healthcare providers involved in your treatment. Example: Your physical therapist contacts your orthopedic surgeon to coordinate post-operative rehabilitation.
- **Payment:** To process payment for services provided. As an out-of-network provider, this includes processing credit card transactions, providing documentation for HSA/FSA accounts, and issuing Superbills for qualifying physical therapy services. Example: We include your diagnosis codes on a Superbill that you submit to your insurer.

- **Healthcare Operations:** To run our practice, improve quality of care, and perform necessary administrative tasks. Our Business Associates who may access your PHI under signed Business Associate Agreements (BAAs) include: Jane App (HIPAA-compliant scheduling and intake) and Rex, CPA (business bookkeeping). Example: We review treatment records to evaluate care quality.
- **As Required by Law:** We will disclose PHI when required by federal, state, or local law, including responding to court orders, subpoenas, or law enforcement requests.
- **Public Health & Safety:** To prevent or control disease or injury; report adverse reactions; report abuse, neglect, or domestic violence; or prevent a serious and imminent threat to health or safety.
- **Research:** For health research approved by an institutional review board with appropriate safeguards. We will notify you of such use.
- **Organ & Tissue Donation:** With organ procurement organizations as permitted by law.
- **Workers' Compensation & Government:** For workers' compensation claims, military, national security, or other authorized government functions.
- **Coroner / Medical Examiner:** With a coroner, medical examiner, or funeral director as necessary following a patient's death.
- **Legal Actions:** In response to a court or administrative order, subpoena, or discovery request.

## 2B. Uses Requiring Your Written Authorization

The following require your separate written authorization under HIPAA and California's CMIA. You may revoke authorization in writing at any time, except where we have already relied on it.

- Marketing communications about products or services
- Sale of your health information
- Most disclosures of psychotherapy notes
- Any other use or disclosure not described in this notice

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

If we create or maintain substance use disorder (SUD) treatment records subject to 42 C.F.R. Part 2, those records have heightened federal protections beyond standard HIPAA. Specifically:

- SUD treatment records may not be disclosed in civil, criminal, administrative, or legislative proceedings against you without (1) your written consent, or (2) a court order after proper notice and an opportunity to be heard.
- SUD records may now be used or disclosed pursuant to a single patient consent for treatment, payment, and healthcare operations, consistent with HIPAA — but this consent may be revoked.
- If we intend to use SUD records for fundraising, you will first be given a clear and conspicuous opportunity to opt out of receiving fundraising communications.

This disclosure is required by the 2024 Part 2 Final Rule, effective February 16, 2026.

## 2D. Important Notice: Potential for Redisdisclosure — 45 C.F.R. § 164.520(b)(1)(ii)(H) [NEW — Required Feb 2026]

### REDISCLASURE WARNING

Please be aware that once your protected health information is disclosed by the Practice pursuant to this Notice or HIPAA, that information may be subject to redisdisclosure by the recipient. Once

redisclosed, your information may no longer be protected by the HIPAA Privacy Rule.

For example: if we share your records with your orthopedist for treatment purposes, your orthopedist may then share those records with other providers involved in your care. Once your information leaves our custody, we cannot control how it is used by the recipient.

Note: SUD records subject to 42 C.F.R. Part 2 have stricter redisclosure limits — the recipient may only redisclose those records as permitted by Part 2, not merely as permitted by HIPAA. See Section 2C above.

### 3. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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To exercise any of the following rights, contact our Privacy Officer at michael@adaptivmvt.com or at the address above.

- **Access & Copies (HIPAA + PAHRA):** You have the right to inspect and obtain a copy of your medical records. Under California's Patient Access to Health Records Act (PAHRA) and the CMIA, we must respond to your access request within 5 business days and provide copies within 15 calendar days. We may charge a reasonable, cost-based fee. You may request records in electronic format if readily producible.
- **Amend / Addendum:** If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We may deny the request in writing within 60 days, but we must allow you to submit an addendum, which must be attached to future relevant disclosures per PAHRA.
- **Accounting of Disclosures:** You may request a list of disclosures we have made of your PHI for purposes other than treatment, payment, and healthcare operations, covering the six years prior to your request. We provide one accounting per year at no cost; additional requests within 12 months may incur a fee.
- **Restrict Disclosures:** You may ask us not to share certain PHI for treatment, payment, or operations. We are not required to agree to all requests, except: as an out-of-network provider, if you pay for a service entirely out-of-pocket in full, we must honor your request not to share that information with your health insurer, unless required by law.
- **Confidential Communications:** You may ask us to contact you only in a specific way (e.g., email only, or at an alternate address). We will accommodate all reasonable requests.
- **Copy of This Notice:** You may request a paper or electronic copy of this Notice at any time, even if you originally agreed to receive it electronically.
- **Personal Representative:** If someone has legal authority to act for you (such as through a healthcare power of attorney or legal guardianship), that person may exercise your rights. We will verify their authority before acting.
- **File a Complaint:** You have the right to file a complaint if you believe your privacy rights have been violated. You will never be penalized or retaliated against for filing a complaint. See Section 8.

### 4. YOUR CHOICES

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For the following situations, you may tell us your preferences. If you give no instructions, we will use our best judgment in your interest.

- **Family & Friends:** We may share relevant information about your condition or care with family members, close friends, or others involved in your care or payment. Tell us if you do not want this. If you are incapacitated, we may share information if we believe it is in your best interest.

- **Disaster Relief:** We may share your information with authorized disaster relief organizations in an emergency. Tell us if you do not want this.
- **Marketing & Fundraising:** We will never use or share your PHI for marketing or fundraising without your written authorization. If we ever seek to use SUD records for fundraising, you will be given a clear opportunity to opt out first (see Section 2C). We will never sell your health information.
- **Psychotherapy Notes:** We will not disclose psychotherapy notes without your specific written authorization, separate from any general authorization you may have signed.

## 5. CALIFORNIA-SPECIFIC PROTECTIONS

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### 5A. Confidentiality of Medical Information Act (CMIA) — Cal. Civil Code §§ 56–56.37

- **No Employer Disclosure:** We will not disclose your medical information to your employer without your express written authorization, except as specifically required by California law.
- **No Marketing Use:** We will not use or share your medical information for marketing or advertising without your explicit written authorization.
- **No Sale of Medical Information:** We will never sell your medical information. This is prohibited under the CMIA regardless of authorization.
- **Private Right of Action:** Unlike federal HIPAA, the CMIA gives you the right to sue us directly for unauthorized disclosures, even if unintentional. Penalties: \$1,000 per violation in statutory damages for negligent disclosure (plus actual damages and attorney’s fees); up to \$5,000 per violation for willful or reckless disclosure (plus actual damages, punitive damages, and attorney’s fees). Class actions are permitted.
- **Sensitive Services Protection:** We will not disclose medical information related to: mental or behavioral health; sexual and reproductive health; sexually transmitted infections; substance use disorder; gender-affirming care; or intimate partner violence services — to anyone other than you without your express written authorization, including to a policyholder or parent of a minor.
- **Confidential Communications for Sensitive Services:** You may request that all communications about your medical information, including provider name and address, be sent only to you through a confidential channel you designate.

### 5B. Patient Access to Health Records Act (PAHRA)

California’s PAHRA provides stronger access rights than HIPAA. We must acknowledge your records request within 5 business days and deliver copies within 15 calendar days. You may also submit an addendum to correct or clarify your records, which must be attached to future relevant disclosures.

### 5C. SB 81 — Immigration Status Protections (Effective 2025)

Under California SB 81, a patient’s place of birth and immigration status are protected medical information. We will not disclose this information for immigration enforcement without your written authorization or a lawful court order. Staff are trained not to provide such information to law enforcement without proper legal authority.

### 5D. Breach Notification

If your medical information is breached or improperly accessed, we are required to notify you **in the most expedient time possible and without unreasonable delay** under both HIPAA (45 C.F.R. § 164.400) and California law (Cal. Civil Code § 1798.82 and the CMIA). If a breach affects 500 or more California residents, we must also notify the California Attorney General within 15 business days — significantly stricter than HIPAA’s 60-day reporting window to HHS.

## 6. MEDICARE BENEFICIARIES — NON-COVERED SERVICES DISCLOSURE

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### **IMPORTANT: READ IF YOU ARE A MEDICARE BENEFICIARY**

AdaptivMVMT Physical Therapy & Performance, Inc. has no enrollment relationship with Medicare. Under current federal law (CMS Medicare Benefit Policy Manual, Chapter 15, Section 40.4), physical therapists — unlike physicians — cannot “opt out” of Medicare or enter Medicare private contracts. The following rules apply:

- **Non-Covered Wellness Services — Self-Pay Permitted:** Medicare does not cover wellness, fitness, sports performance optimization, or general conditioning services. These are “statutorily non-covered.” You may receive and pay for these services at AdaptivMVMT on a private-pay basis without implicating the Medicare Mandatory Claims Submission Rule.
- **Medically Necessary PT — Must Use Medicare Provider:** If you are a Medicare beneficiary needing medically necessary physical therapy (evaluation and treatment of a specific injury), you must seek care from a Medicare-enrolled PT provider. AdaptivMVMT cannot accept self-payment from a Medicare beneficiary for services Medicare would otherwise cover.
- **No Medicare Private Contract:** Physical therapists are legally prohibited from entering Medicare private contracts (42 C.F.R. Part 405, Subpart D). Any document labeled a “Medicare private contract” signed by a PT is legally ineffective.
- **No Superbills for Medicare:** No Superbills or medical coding will be provided for Medicare-eligible individuals for wellness or performance services, as such submissions would constitute false claims.

**Medicare Beneficiary Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **7. OUR RESPONSIBILITIES**

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- We are required by law to maintain the privacy and security of your PHI under HIPAA (45 C.F.R. § 164.530) and California’s CMIA (Cal. Civil Code § 56.101).
- We will notify you promptly if a breach occurs that may have compromised your PHI under the HIPAA Breach Notification Rule and California law.
- We must follow the practices described in this notice and give you a copy upon request.
- We will not use or share your PHI beyond what is described here unless you give written permission, which you may revoke at any time in writing.
- We apply whichever standard — HIPAA or California CMIA — provides greater protection to your health information.
- All workforce members with access to PHI are trained on their obligations under HIPAA and the CMIA.
- We have signed Business Associate Agreements (BAAs) with all vendors who access PHI: Jane App (scheduling/intake) and Rex, CPA (bookkeeping).
- We reserve the right to change the terms of this notice at any time, effective for all PHI we maintain. Updated notices will be posted on our website at [www.adaptivmvm.com](http://www.adaptivmvm.com) and available in our office.

## **8. HOW TO FILE A PRIVACY COMPLAINT**

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If you believe your privacy rights have been violated, you may file a complaint with any of the following. You will not be penalized or retaliated against for filing a complaint.

**AdaptivMVMT Privacy Officer:**

**Name:** Dr. Michael Yip, PT, DPT

**Email:** michael@adaptivmvt.com

**Mailing Address:** 101 S Chapel Ave, Unit 101, Alhambra, CA 91801

**Phone:** (626) 475-9308

**U.S. Department of Health and Human Services — Office for Civil Rights (HIPAA):**

**Address:** 200 Independence Avenue S.W., Washington, D.C. 20201

**Phone:** 1-877-696-6775

**Website:** www.hhs.gov/hipaa/filing-a-complaint

**California Attorney General — CMIA Violations:**

**Website:** oag.ca.gov

**Phone:** 1-800-952-5225

**Filing a complaint will never affect your right to receive care from this Practice.**

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## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received and had the opportunity to review the Notice of Privacy Practices of AdaptivMVT Physical Therapy & Performance, Inc. I understand that:

- The Practice is required by HIPAA and California's CMIA to maintain the privacy of my health information.
- Once my PHI is disclosed to a third party pursuant to HIPAA, it may be subject to redisclosure by that recipient and may no longer be protected by HIPAA (Section 2D).
- I have additional privacy rights under California law as described in Section 5, including the right to sue for CMIA violations.
- I may request a copy of this notice at any time and file a complaint without fear of retaliation.
- If I am a Medicare beneficiary, I understand the non-covered services limitations in Section 6 and have initialed the Medicare acknowledgment box.

*Note: HIPAA requires us to make a good faith effort to obtain your signed acknowledgment but we cannot deny treatment if you decline to sign. If you decline, we will document this in your record.*

**Full Name (Print):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**FOR PRACTICE USE ONLY — Complete at time of signing**

Signed copy physically provided to client at time of signing  Signed copy delivered by email to:

\_\_\_\_\_  Client declined to sign (reason documented in medical record)

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_