

GULF COAST PELVIC HEALTH & WELLNESS CENTER, LLC

Notice of Privacy Practices

Effective Date: June 2026

This notice describes how your health information may be used and shared and how you can access your information. Please review it carefully.

At Gulf Coast Pelvic Health & Wellness Center, we respect your privacy and are committed to protecting your health information. This Notice explains how we use, store, and share your Protected Health Information (PHI) in accordance with federal privacy laws.

Our Commitment to Your Privacy

We understand that your health information is personal. We create records of the care and services you receive so we can provide quality treatment and comply with legal requirements. We are required by law to:

- Maintain the privacy of your health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach occurs that may compromise the privacy or security of your information.

How We May Use and Share Your Information

For Treatment

We may use and share your health information to provide physical therapy services and coordinate your care.

Examples include:

- Reviewing your medical history.
- Communicating with your physician or other healthcare providers involved in your care.
- Developing and updating your treatment plan.
- Referring you to another healthcare provider when appropriate.

For Payment

We may use your information to collect payment for services provided.

Examples include:

- Creating invoices and receipts.
- Processing payments.
- Providing documentation necessary for reimbursement requests when applicable.

For Healthcare Operations

We may use your information to operate and improve our practice.

Examples include:

- Quality improvement activities.
- Staff training.
- Compliance and record-keeping activities.
- Business management and administrative functions.

Appointment Reminders and Communication

We may contact you regarding:

- Upcoming appointments.
- Scheduling changes.
- Follow-up recommendations.
- Administrative matters related to your care.

Communication may occur by phone, voicemail, email, text message, mail, or patient portal unless you request otherwise.

When Required by Law

We may disclose your health information when required by federal, state, or local law.

Your Rights

You have the right to:

- **Access Your Records**
You may request to inspect or receive a copy of your health records.
- **Request Corrections**
If you believe information in your record is inaccurate or incomplete, you may request that it be corrected.
- **Request Confidential Communication**
You may ask us to communicate with you in a specific way or at a specific location.

- **Request Restrictions**
You may request limits on how we use or disclose your information. While we will consider all requests, we may not be able to accommodate every restriction.
- **Receive a Copy of This Notice**
You may request a paper or electronic copy of this Notice at any time.
- **File a Complaint**
If you believe your privacy rights have been violated, you may file a complaint with our practice or with the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Our Responsibilities

We take reasonable measures to safeguard your health information and limit access to authorized individuals who need the information to perform their job responsibilities.

We reserve the right to revise this Notice. Any revised Notice will apply to all health information maintained by our practice and will be available upon request.

Questions or Concerns

If you have questions about this Notice or our privacy practices, please contact:

Privacy Officer

Lesley Jones, PT, MPT
Gulf Coast Pelvic Health & Wellness Center
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(239) 920-2242

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Acknowledgment of Receipt

Patients may be asked to sign an acknowledgment confirming receipt of this Notice of Privacy Practices.