Notice of Privacy Practices

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.

For the Girls Physical Therapy & Wellness, P.C. (legal name: Curls Physical Therapy & Wellness, P.C.)

Effective date: November 21, 2026

Privacy contact: Dr. Sydney Curls, PT, DPT · info@forthegirlsptandwellness.com · (424) 209-2932 · 20620 S Leapwood Ave #N, Carson, CA 90746

This notice applies to all physical therapists and staff of our practice. We are required by law to protect the privacy of your health information and to give you this notice.

Your rights

You have these rights about your health information. To use any of them, contact our privacy contact above.

- **Get a copy of your records.** Ask to see or get a paper or electronic copy of your records. We'll respond within the time California and federal law allow, usually within 15 days for copies, and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** If you think information is wrong or incomplete, ask us in writing to correct it. If we say no, we'll explain why in writing within 60 days.
- **Ask for confidential communications.** Ask us to contact you a certain way (for example, a specific phone or email) or at a different address. We'll say yes to reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain information. We don't have to agree, except: if you pay for a service in full out of pocket, you can ask us not to share it with your health insurer, and we'll say yes unless the law requires us to share it.
- **Get a list of who we've shared your information with.** You can ask for a list of the times we've shared your information in the past six years, who we shared it with, and why. It won't include sharing for treatment, payment, or operations, or sharing you asked us to make. One list a year is free.
- **Get a copy of this notice.** You can ask for a paper copy at any time, even if you agreed to receive it electronically.

- **Choose someone to act for you.** If someone is your legal representative or has medical power of attorney, they can use your rights. We'll confirm their authority first.
- **File a complaint.** See "Complaints" below.

Your choices

You can tell us your preferences in these cases:

- **Family and friends.** Whether we share information with family, close friends, or others involved in your care or payment. If you can't tell us (for example, if you're unconscious), we may share information if we believe it's in your best interest.
- **Disaster relief.** Whether we share information in a disaster relief situation.

We never share your information for these purposes unless you give written permission:

- Marketing
- Sale of your information
- Most sharing of psychotherapy notes

We do not use your health information for fundraising, including for any nonprofit organization.

How we use and share your information

Treatment. We use your information to evaluate and treat you, and may share it with your other providers, such as your physician, OB, or midwife, to coordinate your care.

Payment. We use your information to bill and collect payment from you, from a financing company you choose, or from a program or organization that sponsors your care when you enroll through it. We don't bill insurance, but we give you a superbill you may submit yourself.

Running our practice. We use your information to run our practice, improve care, train staff, and contact you about appointments.

Business associates. We share information with companies that provide services for us, such as our scheduling, records, payment, fax, and documentation software. They must protect your information under a written agreement.

Other ways we may share your information, only as the law allows or requires:

- Public health and safety, such as preventing disease, reporting adverse product reactions, and reporting suspected abuse, neglect, or domestic violence
- Preventing a serious threat to someone's health or safety
- When federal, state, or local law requires it, including to the U.S. Department of Health and Human Services
- Health oversight agencies, such as licensing boards, for audits and investigations
- In response to a court order, subpoena, or other lawful process
- Law enforcement purposes, in limited situations
- Workers' compensation claims
- Medical examiners, coroners, and funeral directors
- Organ and tissue donation organizations
- Special government functions, such as military, national security, and presidential protective services
- Research, only with your written permission or as the law allows

For any other use or sharing, we'll ask for your written permission. You can take it back in writing at any time, except for what we've already done based on it.

Special protections

Substance use disorder records. If we receive records about substance use disorder treatment that are protected by federal law (42 CFR Part 2), we won't use or share them, or testimony about them, in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court orders it after notice to you. Other uses of these records follow the consent you gave the program that sent them.

California law. California law, including the Confidentiality of Medical Information Act, sometimes gives you more privacy protection than federal law. When it does, we follow the stricter rule. This includes extra protections for information about reproductive and sexual health care.

Our responsibilities

- We must protect the privacy and security of your health information.
- We'll tell you promptly if a breach happens that may have compromised the privacy or security of your information.
- We must follow this notice and give you a copy of it.

- We won't use or share your information in ways not described here unless you tell us we can in writing.

Changes to this notice

We can change this notice, and the changes will apply to all information we have about you. The new notice will be on our website and available on request.

Complaints

If you think your privacy rights have been violated, you can file a complaint with our privacy contact above, or with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or at hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.