SWAN RIVER
PHYSICAL THERAPY
Move Freely. Live Fully.

Bigfork, Montana
Phone: (406) 420-6335
Fax: (406) 420-4007
Email: info@swanriverpt.com
Website: www.swanriverpt.com

NOTICE OF PRIVACY PRACTICES

Swan River Physical Therapy LLC

Bigfork, Montana

Effective Date: July 15, 2026

This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

Our Legal Duty

Swan River Physical Therapy LLC is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Notify you if a breach occurs involving your unsecured PHI
- Follow the terms of this Notice currently in effect

We may change this Notice at any time. Any changes will apply to all PHI we maintain. The updated Notice will be posted on our website and available upon request.

Your Rights Regarding Your Health Information

You have the right to:

1. Access Your Records

You may inspect or obtain a copy of your medical and billing records. Requests must be submitted in writing. We may charge a reasonable fee for copies.

2. Request Corrections

If you believe your records are incorrect or incomplete, you may request an amendment. We may deny your request in certain circumstances, but you will receive a written explanation.

3. Request Confidential Communications

You may request that we contact you in a specific way (e.g., at a different phone number or mailing address).

4. Request Restrictions

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You may request limits on how we use or disclose your PHI. We are not required to agree to all restrictions, but we will comply with any restriction we accept.

5. Receive an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made in the past six years, excluding those for treatment, payment, and healthcare operations.

6. Receive a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

7. File a Complaint

You may file a complaint with us or with the U.S. Department of Health & Human Services (HHS) if you believe your privacy rights have been violated. You will not face retaliation.

How We May Use and Disclose Your Information

We may use or disclose your PHI without your written authorization for the following purposes:

1. Treatment

To provide, coordinate, or manage your healthcare. This includes communication with:

- Referring providers
- Specialists
- Hospitals
- VA Community Care
- Workers' Compensation adjusters

2. Payment

To obtain payment for services, including:

- Insurance claims
- Medicare billing
- Workers' Compensation billing
- VA Community Care authorization
- Patient billing statements

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3. Healthcare Operations

For activities necessary to run our practice, such as:

- Quality improvement
- Credentialing
- Audits
- Compliance reviews

4. As Required by Law

We may disclose PHI when required by federal, state, or local law, including:

- Public health reporting
- Court orders
- Workers' Compensation regulations
- Law enforcement requests

Uses and Disclosures Requiring Your Authorization

We will obtain your written authorization before:

- Marketing communications
- Non-treatment related disclosures
- Use of photos or videos for marketing
- Release of information to non-healthcare third parties

You may revoke your authorization at any time in writing.

Our Safeguards to Protect Your Information

We use administrative, physical, and technical safeguards to protect PHI, including:

- HIPAA training
- Access controls
- Encrypted EMR (Prompt)
- HIPAA-compliant telehealth (Google Workspace + Meet)

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- Secure messaging
- Password protection and two-factor authentication
- Secure storage of paper records
- Privacy during mobile visits

Business Associates

We may share PHI with Business Associates who perform services on our behalf. All Business Associates are required to protect PHI according to HIPAA.

Business Associates include:

- Prompt EMR
- Google Workspace
- Microsoft 365
- Clearinghouses
- Billing services (if applicable)

Breach Notification

If a breach of unsecured PHI occurs:

- We will conduct a risk assessment
- Notify affected individuals
- Notify HHS when required
- Provide notification without unreasonable delay

Complaints

You may file a complaint with:

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or

U.S. Department of Health & Human Services

Office for Civil Rights

You will not face retaliation for filing a complaint.

Contact Person

For questions about this Notice or your privacy rights, contact:

Privacy Officer

Swan River Physical Therapy LLC

Phone: (406) 420-6335

Effective Date

This Notice is effective July 15, 2026.