Pinnacle Physical Therapy, LLC

Notice of Privacy Practices

Effective date: November 10, 2026

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 applies to Pinnacle Physical Therapy, LLC ("Pinnacle," "we," or "us") and the protected health information we maintain about you, whether on paper, electronically, or in another form. It covers records we already hold, including records created before this effective date, and records we create or receive in the future.

Questions or privacy requests

Privacy Officer
Pinnacle Physical Therapy, LLC
13180 James Madison Highway, Orange, VA 22960
Phone: (540) 395-3428 | Email: compliance@pinnaclestrong.com
Website: pinnaclestrong.com

Our responsibilities

We are required by law to protect the privacy of your health information, provide this notice of our legal duties and privacy practices, and follow the notice currently in effect. We use safeguards to protect your information and will notify you following a breach of unsecured protected health information as required by law.

How we typically use and share information

Treatment. We may use and share information to provide and coordinate your care. For example, your physical therapist may discuss your progress and treatment plan with your referring clinician or another professional treating you.

Payment. We may use and share information to bill and obtain payment. For example, we may send your insurer your diagnosis, services provided, and supporting records to process a claim.

Health care operations. We may use and share information to operate our practice, improve quality, train staff, and review care. For example, we may review treatment outcomes to improve our services. Vendors assisting with records, billing, or other practice functions may receive information as permitted by law and under required privacy agreements.

Your rights and how to use them

Contact our Privacy Officer using the information on page 1 for help with any right described below. We will explain the process and provide any needed forms. We verify identity and legal authority when appropriate and respond within applicable legal deadlines.

Inspect or get a copy of your records. You may request to inspect or receive an electronic or paper copy of your medical and billing records and other information in the records used to make decisions about you, subject to limited legal exceptions. Submit a dated, signed written request identifying the records and format you want. We will provide a readily producible format or work with you on an alternative permitted by law. Under Virginia law, you may specifically request an audit trail of additions, deletions, or revisions to your health record.

We generally respond to access requests within 30 days and follow any applicable shorter deadline. We may charge only a reasonable, cost-based fee allowed by law for copies; we do not charge a search or retrieval fee for your own access request. We will not deny access because you owe for treatment. If we deny access, we will explain the reason in writing and any available review rights.

Request a correction. You may ask us to amend information you believe is inaccurate or incomplete. Submit a written request explaining the change and your reason. We may deny a request as allowed by law, but we will explain why in writing and how you may submit a statement of disagreement for the record.

Request confidential communications. You may ask us to contact you in a particular way or at a different location, such as by using a specific phone number or mailing address. We will accommodate reasonable requests. You do not have to explain why you are making the request.

Request limits on use or disclosure. You may ask us to restrict information used or shared for treatment, payment, or health care operations, or shared with people involved in your care or payment. We generally do not have to agree. If we agree, we will follow the restriction, subject to legal exceptions, such as information needed for emergency treatment.

We must agree to your request not to disclose information to your health plan for payment or health care operations when it relates solely to an item or service that you or someone other than the health plan paid for in full out of pocket, unless disclosure is required by law. Tell us before we submit a claim so we can arrange this restriction.

Get an accounting of disclosures. You may request a list of certain disclosures made during the six years before your request. The list generally excludes treatment, payment, health care operations, disclosures you authorized, and other legally excluded disclosures. Submit a written request stating the period you want. One accounting in a 12-month period is free. We may charge a reasonable, cost-based fee for additional accountings after giving you notice and a chance to change or withdraw the request.

Get a paper notice or use a representative. You may receive a paper copy of this notice at any time, even if you agreed to an electronic copy. A person with legal authority may exercise rights on your behalf to the extent allowed by law. We verify that authority. Parents' and guardians' access depends on applicable law and the care involved; special rules apply to some records of care to which a minor may consent.

Other uses and disclosures permitted by law

The categories below are subject to federal and Virginia requirements. A category does not authorize every disclosure requested. We meet applicable consent, notice, court-order, and other conditions before sharing information. When a more protective law applies, including the protections on page 4, we follow it.

Public health and safety. We may share information with authorized public health authorities to prevent or control disease, report adverse events or product problems, assist with recalls, or make other legally authorized public health reports. We may make reports of suspected abuse, neglect, or domestic violence as permitted or required by law, and disclose information to prevent or lessen a serious and imminent threat when legal requirements are met.

Required disclosures and oversight. We disclose information when required by law, including to the U.S. Department of Health and Human Services to determine compliance with federal privacy rules. We may share information with authorized health oversight agencies for audits, investigations, licensing, inspections, and other lawful oversight activities.

Legal proceedings and law enforcement. We may disclose information for a court or administrative proceeding or a lawful law enforcement purpose only when applicable legal conditions are satisfied. A request or subpoena alone does not automatically authorize disclosure; required notice, protective-order, authorization, or other procedures must be followed.

Workers' compensation and government functions. We may disclose information as authorized by workers' compensation laws. We may also make disclosures permitted by law for military activities, national security, protective services, or correctional and lawful-custody functions, subject to the requirements for each purpose.

Research. We may use or disclose information for research with your authorization or when a legally permitted alternative applies, such as approval of a waiver by an authorized review body and required privacy safeguards.

After death and organ donation. We may share information with a coroner, medical examiner, or funeral director to perform legally authorized duties, and with organ procurement or similar organizations for lawful organ, eye, or tissue donation purposes.

Family, friends, and disaster assistance

Tell us whom you want involved in your care or payment and what information we may share. We share only relevant information with your permission or another lawful basis and obtain written authorization when Virginia or federal law requires it. You may object or change your preferences. In an emergency, if you cannot express a preference, we may use professional judgment to share relevant information in your best interests only as applicable law permits. The same legal limits apply to disaster-relief notifications.

Care-related contact

We may contact you about appointments, your care, treatment alternatives, or health-related services as allowed by law. Tell us your communication preferences or request a confidential method of contact. Separate consent requirements may apply to particular electronic communications.

Additional protection for certain records

Some information receives extra protection under Virginia or federal law, including certain HIV test information, psychotherapy notes, substance use disorder records, and records of care to which a minor may independently consent. We obtain any required authorization or consent, or meet a specific legal exception, before using or disclosing such information. These protections can limit disclosures otherwise described in this notice.

Substance use disorder records protected by 42 CFR part 2. If we receive or maintain records protected by Part 2, we follow the applicable consent and other protections for those records. Such records, or testimony about their contents, may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order issued after the required notice and opportunity to be heard for you or the record holder. A court order authorizing use or disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure before the records are used or disclosed.

Uses that require your written authorization

We require your written authorization for most uses and disclosures of psychotherapy notes and for uses and disclosures for marketing or sale of protected health information, except where the law permits otherwise. Pinnacle does not sell protected health information or disclose it to third parties for their own marketing. Other uses and disclosures not described in this notice will be made only with your written authorization.

You may revoke an authorization by delivering a written revocation to our Privacy Officer. Revocation applies going forward and does not undo actions already taken in reliance on the authorization.

Fundraising choices

If we contact you for fundraising, you may opt out of further fundraising communications by telling our Privacy Officer or following the instructions in the communication. Your decision will not affect treatment or payment. Before using Part 2 records for fundraising, we will give you a clear and conspicuous opportunity to choose not to receive any fundraising communications.

Complaints and questions

If you believe your privacy rights have been violated, you may complain to our Privacy Officer by phone, email, or mail using the information on page 1. Describe your concern and how we can contact you. You may also complain directly to the U.S. Department of Health and Human Services, Office for Civil Rights, without first complaining to us. Filing instructions are available at:

hhs.gov/hipaa/filing-a-complaint

We will not retaliate against you for filing a complaint.

Changes to this notice and obtaining a copy

We reserve the right to change this notice as allowed by law and make revised terms apply to all protected health information we maintain, including information already held before a revision. A revised notice will show its effective date and be available at our clinic, on our website, and on request. Ask our Privacy Officer for a copy. Any acknowledgment of receipt confirms only that you received the notice; it does not authorize additional disclosures or waive your rights.