NOTICE OF PRIVACY PRACTICES

Updated Date: August 24 , 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

PREP Performance Center, LLC ("PREP," "we," "us," or "our") is committed to protecting the privacy and security of our patients' health information.

This Notice describes how PREP may use and disclose your Protected Health Information ("PHI"), your rights regarding your health information, and our responsibilities under the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable laws.

OUR RESPONSIBILITIES

PREP is required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice describing our legal duties and privacy practices;
- Follow the privacy practices described in the Notice currently in effect;
- Notify affected individuals following a breach of unsecured PHI when notification is required by law; and
- Respect your rights concerning your health information.

We will not use or disclose your PHI other than as permitted or required by law or as described in this Notice unless you provide written authorization.

If you provide authorization, you may generally revoke that authorization in writing at any time, except to the extent PREP has already acted in reliance upon it.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
Treatment

We may use and disclose your health information to provide, coordinate, and manage your healthcare.

For example, PREP may share relevant health information with:

- Physical therapists
- Physical therapist assistants
- Physicians
- Surgeons
- Athletic trainers
- Other healthcare providers
- Other members of your treatment team

We may communicate with another healthcare provider regarding your diagnosis, rehabilitation progress, precautions, plan of care, or return-to-sport status when appropriate for your treatment.

Payment

We may use and disclose health information to bill and obtain payment for healthcare services.

This may include communications with:

- Health insurance companies
- Medicare
- Workers' compensation carriers
- Billing providers
- Attorneys or other authorized parties when applicable
- Payment processors
- Other entities involved in obtaining payment

Healthcare Operations

We may use and disclose health information for legitimate healthcare operations, including:

- Quality improvement
- Clinical supervision
- Staff training
- Credentialing
- Compliance activities
- Auditing

- Patient experience improvement
- Business planning
- Legal and accounting services
- Practice management
- Information technology
- Security activities
- Evaluating the quality and effectiveness of our services

BUSINESS ASSOCIATES

PREP may use outside companies and individuals to perform services involving PHI on our behalf.

These may include:

- Electronic medical record providers
- Billing companies
- IT providers
- Patient communication providers
- Scheduling systems
- Data storage providers
- Professional consultants
- Other healthcare technology vendors

When required by HIPAA, PREP enters into appropriate Business Associate Agreements requiring these organizations to safeguard PHI.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

PREP may use or disclose your health information without written authorization when permitted or required by law.

These circumstances may include:

- Public health activities
- Reporting suspected abuse, neglect, or domestic violence as required or permitted by law
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement activities
- Workers' compensation matters
- Prevention of a serious threat to health or safety
- Certain government functions
- Organ and tissue donation

- Research when applicable legal requirements are satisfied
- Coroners and medical examiners
- Other uses or disclosures required by law

PREP will comply with applicable federal and state privacy protections, including laws that may provide greater protection for certain categories of health information.

FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE

Unless you object or applicable law requires different authorization, we may share information relevant to your healthcare or payment for your healthcare with a family member, caregiver, or other individual involved in your care when permitted by law.

PREP will use professional judgment and reasonable safeguards when making these disclosures.

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what information we share.

Depending on the circumstances, you may have choices regarding whether PREP:

- Shares information with family or friends involved in your care;
- Communicates information during an emergency;
- Uses information for certain marketing activities; or
- Makes other disclosures requiring authorization.

If you are unable to communicate your preference, PREP may share information when permitted by law and when we determine doing so is in your best interest.

MARKETING AND SALE OF PHI

PREP may communicate with you regarding healthcare services, programs, educational resources, assessments, events, or other offerings as permitted by law.

When HIPAA requires authorization for a particular marketing use or disclosure of PHI, PREP will obtain appropriate authorization.

PREP will not sell PHI without authorization when authorization is required by law.

YOUR RIGHTS

1. Access Your Medical Record

You may request to inspect or obtain an electronic or paper copy of your medical record and other health information maintained about you.

PREP will provide access within the time required by applicable law.

A reasonable, cost-based fee may be charged when permitted by law.

2. Request a Correction

If you believe information in your medical record is incorrect or incomplete, you may request that PREP amend the information.

PREP may deny certain requests when permitted by law. If we deny your request, we will explain the reason.

3. Request Confidential Communications

You may ask PREP to communicate with you in a specific way or at a specific location.

For example, you may request that PREP contact you only through a particular telephone number or mailing address.

We will accommodate reasonable requests as required by law.

4. Request Restrictions

You may ask PREP not to use or disclose certain health information for treatment, payment, or healthcare operations.

We are not required to agree to every requested restriction.

If you pay for a healthcare service completely out of pocket, you may ask us not to disclose information about that service to your health plan for payment or healthcare operations. PREP will honor such a request when required by law unless disclosure is otherwise required.

5. Receive an Accounting of Disclosures

You may request a list, or accounting, of certain disclosures PREP has made of your health information.

The accounting generally covers the six years preceding your request and excludes certain disclosures, including many disclosures for treatment, payment, and healthcare operations.

6. Receive a Copy of This Notice
You may request a paper copy of this Notice at any time, even if you previously agreed to receive the Notice electronically.

7. Choose Someone to Act for You

If another individual has legal authority to act on your behalf, such as a parent, legal guardian, healthcare power of attorney, or other authorized personal representative, that person may exercise applicable privacy rights on your behalf.

PREP may verify the individual's authority before providing access to PHI.

8. File a Complaint

If you believe your privacy rights have been violated, you may file a complaint directly with PREP.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

PREP will not retaliate against you for filing a complaint or exercising your privacy rights.

MINORS

PREP provides physical therapy, rehabilitation, injury prevention, sports performance, and related services to children and adolescents.

Parents and legal guardians generally have rights regarding a minor’s health information as permitted by applicable law.

Certain circumstances may limit parental or guardian access to a minor’s health information or provide additional confidentiality rights to the minor.

PREP will comply with applicable federal and Illinois laws regarding minors, consent, parental access, and confidentiality.

ELECTRONIC COMMUNICATIONS

PREP may communicate with patients through electronic means when permitted by law and consistent with our privacy and security practices.

Electronic communications may include:

- Patient portals
- Email
- Text messages
- Electronic medical record communication systems
- Other authorized technologies

Standard email and SMS/text messaging may not always be completely secure.

Patients should avoid sending highly sensitive health or financial information through unsecured communication methods unless appropriately instructed.

DATA SECURITY

PREP maintains reasonable administrative, physical, and technical safeguards designed to protect PHI against:

- Unauthorized access
- Improper use
- Unauthorized disclosure
- Alteration
- Accidental loss
- Destruction

Our safeguards may include access controls, password protections, workforce training, technology safeguards, vendor management, and other security measures appropriate to our operations.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

If we receive, maintain, or originate records related to Substance Use Disorder (SUD) treatment protected by 42 C.F.R. Part 2, these records are subject to additional federal confidentiality protections. We will not use or disclose SUD records in ways that are prohibited by federal law.
Use of SUD Records in Legal Proceedings
SUD treatment records, and any testimony relaying the content of such records, shall not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless:

You provide specific, explicit written consent allowing the use or disclosure; or
A court issues a valid order authorizing the use or disclosure after you and/or the holder

of the record have received notice and an opportunity to be heard.

A standard subpoena or other legal demand alone is not sufficient to permit the disclosure of 42 C.F.R. Part 2 protected records.

CHANGES TO THIS NOTICE

PREP reserves the right to change this Notice and our privacy practices.

Changes may apply to PHI we already maintain as well as information received in the future, as permitted by law.

When material changes are made, PREP will make the revised Notice available as required by law.

The current Notice will be available upon request and through our Website.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, wish to exercise your privacy rights, or believe your privacy rights have been violated, contact:

PREP Performance Center, LLC
PRIVACY QUESTIONS, REQUESTS, OR COMPLAINTS

If you have questions about this Privacy Policy or Notice of Privacy Practices, wish to exercise your privacy rights, request access to or correction of your health information, or believe your privacy rights have been violated, please contact:

PREP Performance Center, LLC

Privacy Officer:
Dr. Mary Catherine Casey, PT, DPT
Owner & Founder

Address:
3066 N Clybourn Avenue
Chicago, IL 60618

Phone:
(773) 609-1847

Email:
info@prepperformancecenter.com

Website:
prepperformancecenter.com

You may also file a complaint regarding your HIPAA privacy rights with the U.S. Department of Health and Human Services, Office for Civil Rights.

PREP Performance Center, LLC will not retaliate against you for filing

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided access to PREP Performance Center, LLC's Notice of Privacy Practices.

Patient Name: _____

Parent/Guardian Name (if applicable): _____

Signature: _____

Date:

_____

Signing this acknowledgment confirms that the Notice of Privacy Practices was made available to you. Your signature does not constitute authorization for uses or disclosures of your health information beyond those permitted by law.