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**Notice of Privacy Practices (NPP)**

**Effective Date:** June 1, 2025

**Practice Name:** W.E.S.T. Physical Therapy, PLLC

**Email:** [morgan@gowestpt.com](mailto:morgan@gowestpt.com)

**Website:** [www.gowestpt.com](http://www.gowestpt.com)

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## **Purpose of This Notice**

This Notice of Privacy Practices explains how W.E.S.T. Physical Therapy, PLLC may use and disclose your protected health information (PHI), and your rights regarding that information. We are required by federal law (HIPAA) to maintain the privacy of your health information and provide you with this notice.

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## **How We May Use and Disclose Your Health Information**

We are permitted to use and disclose your health information without your written authorization for the following purposes:

### **1. Treatment**

We may use and share your health information with other healthcare providers to provide, coordinate, or manage your care.

*Example: Sharing your evaluation findings with your referring physician or another specialist.*

### **2. Payment**

We may use and share your information to bill and collect payment for the services you receive.

*Example: Providing necessary documentation for a superbill if you request reimbursement from your insurance.*

### **3. Healthcare Operations**

We may use your information for internal operations related to managing and improving our practice.

*Example: Quality assessment, staff training, and customer service.*

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## **Other Permitted or Required Disclosures**

We may also disclose your information in the following situations, without your written authorization:

- **As Required by Law:** When required by federal, state, or local law.
- **Public Health Activities:** For disease prevention, reporting adverse events, or notifying persons of exposure to communicable diseases.
- **Health Oversight Agencies:** For audits, inspections, or investigations.
- **Legal Proceedings:** In response to a court order or subpoena.
- **Law Enforcement:** For legal processes or as required by law enforcement officials.

- **To Prevent a Serious Threat:** To prevent or lessen a serious and imminent threat to health or safety.
  - **Workers' Compensation:** As necessary to comply with workers' compensation laws.
  - **Military or National Security:** If you are a member of the armed forces or involved in national security.
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## Uses and Disclosures That Require Your Written Authorization

In all other cases, we will not share your information unless you provide written permission. This includes:

- Marketing purposes
- Sale of your health information
- Most sharing of psychotherapy notes (if applicable)

You may revoke your authorization in writing at any time.

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## Your Rights Regarding Your Health Information

You have the following rights under HIPAA:

### 1. Right to Access Your Records

You may request to inspect and receive a copy of your health records, including billing and treatment records.

- Requests must be made in writing.
- We may charge a reasonable fee for copies.

### 2. Right to Request a Correction

If you believe your records are incorrect or incomplete, you can request an amendment.

- We are not required to agree to the amendment but will inform you in writing of our decision.

### 3. Right to an Accounting of Disclosures

You may request a list of times we've shared your information (excluding treatment, payment, operations, or disclosures you authorized).

- The list covers the past six years.

### 4. Right to Request Restrictions

You may request limitations on how your information is used or shared.

- We are not required to agree but will comply when legally obligated or feasible.

#### **5. Right to Request Confidential Communications**

You can request that we contact you using a specific method or at a specific location.

*Example: You may request phone calls to your mobile phone only.*

#### **6. Right to a Paper Copy of This Notice**

You may request a printed copy of this notice at any time, even if you've received it electronically.

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### **Electronic Communication Disclaimer**

W.E.S.T. Physical Therapy, PLLC communicates with patients through phone calls, text messages, and email for scheduling, follow-up, and the delivery of treatment information.

Please be aware that these communication methods are not encrypted and may carry a small risk of unauthorized access. By choosing to receive messages through these methods, you acknowledge and accept this risk. You may request to limit or change your preferred communication method at any time by contacting our office.

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### **Use of AI Documentation Tools & Visit Summaries**

W.E.S.T. Physical Therapy, PLLC utilizes secure, HIPAA-compliant artificial intelligence (AI) software to assist in the creation of clinical documentation, including your visit notes and treatment summaries.

As part of our commitment to transparency and patient-centered care, you will receive a copy of your visit summary via email after each session. Please ensure we have your correct email address on file.

If you prefer not to receive electronic copies or have questions about how your information is processed, please contact us.

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### **Our Responsibilities**

- We are required by law to maintain the privacy of your protected health information.
  - We will provide you with this Notice of Privacy Practices.
  - We will follow the terms of the Notice currently in effect.
  - We will notify you promptly if a breach occurs that may have compromised your information.
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### **Changes to This Notice**

We reserve the right to change this notice and apply the new terms to information we already have. If the notice is changed, the updated version will be:

- Available in print upon request
  - Posted in our office
  - Available on our website: [www.gowestpt.com](http://www.gowestpt.com)
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## Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- W.E.S.T. Physical Therapy, PLLC (contact info above), or
- U.S. Department of Health and Human Services (HHS)  
Visit: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

You will not be penalized or retaliated against for filing a complaint.

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## Contact Information

If you have any questions about this notice or your privacy rights, please contact:

**Dr. Morgan Mackenzie, DPT, OCS**  
Owner, W.E.S.T. Physical Therapy, PLLC  
**Email:** [morgan@gowestpt.com](mailto:morgan@gowestpt.com)  
**Website:** [www.gowestpt.com](http://www.gowestpt.com)

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