

# Notice of Privacy Practices

Prisk Orthopaedics & Wellness, P.C. · 2490 Mossdale Blvd, Monroeville, PA 15146 · (412) 525-7692

Effective date: 10/19/2026

**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 covers our orthopaedic office, P.O.W.ER Performance & Physical Therapy, and Weight Loss and Wellness, all at 2490 Mossdale Blvd. Everyone who works here follows it, including our doctors, nurse practitioners, physical therapists, and staff.

In this notice, we and us mean Prisk Orthopaedics & Wellness, P.C. *Your health information* means information that identifies you and relates to your health, your care, or payment for your care.

## Your rights

You have the following rights about your health information. To use any of them, contact our Privacy Officer, listed at the end of this notice. We may ask you to make some requests in writing.

- **Get a copy of your record.** You can ask to see or get a copy of your medical and billing records, on paper or electronically, or ask us to send an electronic copy of your electronic health record to someone you choose. We will respond within 30 days, or tell you in writing why we need up to 30 more days. We may charge a reasonable, cost-based fee for copies we give you. If we deny your request, we will explain why in writing and tell you whether you can have that decision reviewed.
- **Ask us to correct your record.** If you think information in your record is wrong or incomplete, you can ask us to correct it. We will respond within 60 days, or tell you in writing why we need up to 30 more days. If we say no, we will tell you why in writing.
- **Ask us to contact you privately.** You can ask us to reach you a certain way, such as by cell phone instead of home phone, or at a different address. We will agree to all reasonable requests and will not require you to tell us why.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain information for treatment, payment, or our operations. We do not have to agree, and we may say no if it would affect your care. If you pay for a service or item in full yourself, you can ask us not to share information about it with your health insurer for payment or our operations, and we will agree unless a law requires us to share it.
- **Get a list of who we shared your information with.** You can ask for a list of the times we shared your health information in the six years before your request, who we shared it with, and why. The list will not include sharing for treatment, payment, or our operations, or certain other sharing, such as sharing you asked us to do. We will give you one list a year for free and may charge a reasonable, cost-based fee for another within 12 months.
- **Get a copy of this notice.** You can ask for a paper copy at any time, even if you agreed to get it electronically. It is also posted in our office and on our website, [orthoandwellness.com](http://orthoandwellness.com).

- **Choose someone to act for you.** If someone is your legal guardian or holds your health care power of attorney, that person can use your rights and make choices about your health information. We will confirm the person has this authority before we act.
- **File a complaint.** If you feel your rights were violated, see Questions and complaints at the end of this notice.

## Your choices

For some health information, you can tell us your choices about what we share. Tell us what you want, and we will follow your instructions.

### You can tell us whether to share information with:

- Family members, close friends, or others involved in your care or in paying for it.
- Disaster relief organizations, so your family can be told where you are and how you are doing.

If you cannot tell us your choice, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share it when needed to lessen a serious and imminent threat to health or safety.

### We never do the following without your written permission:

- Use or share your information for marketing purposes.
- Sell your information.
- Share most psychotherapy notes, if any exist.

## How we use and share your health information

We use and share your health information mainly to treat you, to bill for your care, and to run our practice.

- **To treat you.** We share your information with other professionals who are treating you. For example, we may share your X-rays and surgical plan with our physical therapists, with the hospital or surgery center where your procedure takes place, and with your primary care doctor.
- **To bill for your care.** We share your information with health plans and others who pay for your care. For example, we give information about your visit to your health insurance plan, Medicare, or a workers' compensation insurer so they will pay for your services.
- **To run our practice.** We use your information to run our practice and improve your care. For example, we use it to review the quality of our care, train our staff, and manage scheduling.
- **To contact you.** We may call, text, email, or message you through our patient messaging service. We do this to remind you of appointments, follow up on your care, or tell you about treatment options and health services we offer.
- **With our business associates.** Companies that do work for us, such as our electronic health record, billing, website, appointment request, patient messaging, and IT vendors, may receive your information. Each must sign a written agreement to protect it.

**Other ways we may use or share your information.** The law allows or requires us to share your information in other ways, usually to support public health, safety, and the legal system. We must meet the law's conditions before we share it for these purposes.

- **Public health and safety.** For example, to prevent disease, help with product recalls (including recalls of implants and medical devices), report reactions to medicines or devices, report suspected abuse, neglect, or domestic violence, or prevent a serious threat to anyone's health or safety.
- **Research.** For health research when the law allows, such as with your permission or with approval from a research review board.
- **Following the law.** When state or federal law requires it, including when the U.S. Department of Health and Human Services checks that we comply with federal privacy law.
- **Workers' compensation.** If your injury or illness is related to work, we may share information with your employer, its workers' compensation insurer, and others, as workers' compensation and similar laws allow.
- **Examinations requested by others.** If we examine you only at the request of someone else, such as an independent medical examination for an insurer, employer, or attorney, we will send our report to that party. We do this with your written permission or as the law allows, and we may require you to sign an authorization before the exam.
- **Organ and tissue donation.** With organ procurement organizations.
- **Medical examiners and funeral directors.** When a person dies.
- **Government requests.** For law enforcement purposes and health oversight activities as the law allows, and for special government functions such as military, national security, and presidential protective services. We may also share information about inmates with correctional institutions as the law allows.
- **Lawsuits and legal actions.** In response to a court or administrative order, or to a subpoena when the law's conditions are met.

### **Extra protection for certain information**

- **Pennsylvania law.** Pennsylvania gives extra protection to HIV-related information, records of drug and alcohol abuse treatment, and records of mental health treatment. When one of these laws requires your written permission, we will get it before sharing that information.
- **Substance use disorder treatment records.** We may receive records about you from a substance use disorder treatment program protected by federal law (42 CFR Part 2). Those records, and testimony about what they contain, will not be used or shared in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order. A court can order it only after notice and a chance to be heard, and the order must come with a subpoena or other legal requirement to disclose.
- **Minors.** If you are under 18, your parent or guardian usually makes choices about your health information. When Pennsylvania law lets a minor consent to their own care, the minor controls the information about that care, as the law allows.

## **Our website, online forms, and messages**

- Once we receive information you send through the appointment request form on our website or our patient messaging service, we protect it as this notice describes.
- Regular email and text messages are not always secure. If you ask us to use unencrypted email or text, we will tell you the risks and, if the request is reasonable, follow your choice.

## **Our responsibilities**

- We are required by law to keep your health information private and secure, and to give you this notice of our legal duties and privacy practices.
- We are required by law to notify you after a breach of your unsecured protected health information.
- We must follow the terms of the notice currently in effect.
- We will not use or share your information in ways not described in this notice unless you give us written permission. You may take back that permission in writing at any time, but that will not undo anything we already did with it.
- Information we share as this notice allows may be shared again by the person or organization that receives it, and federal privacy law may no longer protect it.

## **Changes to this notice**

We can change the terms of this notice, and the changes will apply to all health information we have about you, including information from before the change. The new notice will be available on request, in our office, and on our website.

## **Questions and complaints**

For questions about this notice, or to use any right it describes, contact our **Privacy Officer** at Prisk Orthopaedics & Wellness, P.C., 2490 Mosside Blvd, Monroeville, PA 15146, (412) 525-7692.

If you believe your privacy rights were violated, you can file a complaint with us by calling or writing to our Privacy Officer. You can also file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at [ocrportal.hhs.gov](https://ocrportal.hhs.gov), by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or by mail to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

We will not retaliate against you for filing a complaint.