

NOTICE OF PRIVACY PRACTICES

Joint Notice of Privacy Practices

We Care About Your Privacy

To Our Patients

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.

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

This Notice is a Joint Notice that applies to all member practices of the Therapy Partners network.

The practice and providers where you are receiving treatment is a member practice of the Therapy Partners network (the “Network”). They receive services and support for administration, billing and collections, care management guidance, compliance, outcome measurement, provider credentialing, improvement activities, and share risk in value-based payment arrangements with certain insurers. A complete list of the member practices (with Therapy Partners, collectively referred to in this Notice as “we”, “our”, or “us”) can be found at the bottom on this Notice.

How We Typically Use or Share Your Health Information

We typically use or share your health information in the following ways. We need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the emergency.

- 1. Treat you:** We can use your health information and share it with other professionals who are treating you only if we have your consent. We can only release your health records to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may also share your health information with a provider in our network.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- 2. Run our organization:** We use and share your health information to manage our operations and improve the quality of your care and contact you when necessary. We are required to obtain your consent before we release your health records to other providers outside our Network for their own health care operations.
 - Example: We use health information about you to manage your treatment and services.
- 3. Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities only if we obtain your consent.
 - Example: We give information about you to your health insurance plan so it will pay for your services.

Use and Disclosure of Your Health Information in Certain Special Circumstances

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet certain conditions in the law before we can share your information for these purposes. For more information, see <https://www.hhs.gov/hipaa/for-individuals/index.html>.

- 1. Help with public health and safety issues:** We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
- 2. Do research:** We can use or share your information for health research if you do not object.
- 3. Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- 4. Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations only with your consent.
- 5. Work with a medical examiner or coroner:** We can share health information with a coroner and medical examiner when an individual dies. We need consent to share information with a funeral director.
- 6. Address workers’ compensation, law enforcement, and other government requests:** We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes, or with a law enforcement official with your consent or if required by law
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services with your consent or if required by law
- 7. Respond to Legal Actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- 8. Other State Law:** In Minnesota, we need your consent before we disclose protected health information for treatment, payment, and operations purposes, unless the disclosure is to a related entity, or the disclosure is for a medical emergency and we are unable to obtain your consent.

Your Rights as Our Patient

- 1. Receive an electronic or paper copy of your medical record**
 - You can ask to see or copy an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information within 30 calendar days of receiving a written request for medical records.

- If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee.
- If you request copies of your records of past medical care, or for certain appeals, we may charge you fees as specified in Minn. Stat. § 144.292, subd. 6.

2. Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

3. Request for us to contact you confidentially

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests

4. Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We will consider your request, but we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

5. Get a list of those with whom we’ve shared information

- You can ask for a list (an “accounting”) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all times we’ve shared your information, except when it was about your treatment, payment, or health care operations, and certain other times (including disclosures you requested and releases we have already informed you about).

6. Get a copy of this Notice

- We will offer you a copy of this Notice upon your initial visit and any time after, if we change the contents of the Notice.
- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically, and we will provide you with a paper copy promptly.

7. File a complaint if you feel your privacy rights are violated

- You can complain if you feel we have violated your privacy rights by contacting us using the information on the last page of this Notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Find contact information at www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices Regarding the Use and Sharing of Your Information

In some situations, you have additional choices about how we use and share your information.

- 1.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

- Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

3. In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Responsibilities

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know no later than sixty (60) days from the date of discovery if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this Notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
5. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

Effective Date: February 1, 2025

HIPAA Compliance: HIPAA Privacy Office, Therapy Partners, Inc., 1939 West Minnehaha Avenue, Suite 300, St. Paul, MN 55104

HIPAA Officer Contact Phone Number: 651-748-4338

ENTITIES SUBJECT TO THE JOINT NOTICE OF PRIVACY PRACTICES

As of October 2, 2025

This list may change and grow from time to time, as Therapy Partners changes and grows. All locations listed are in MN unless another state is specified.

Accelerated Sports Therapy & Fitness, Inc

Location: Plymouth

Achieve Health & Wellness, LLC

Locations: Apple Valley, Northfield, Red Wing

Midwest Wellness Physical Therapy, LLC

DBA Creekside Physical Therapy

Location: Edina

Crossover Physical Therapy, LLC

Location: Saint Michael

Engage Physical Therapy and Wellness, LLC

Location: Shorewood

Ethos Performance, LLC

Location: Hudson, WI

Excel North Physical Therapy &

Performance, LLC

Locations: Hermantown, Duluth

In Motion Therapy Inc

Locations: Duluth – Lincoln Park, Duluth – The Heights

Lake Area Therapy Services, LLC

Locations: Moose Lake, Cromwell, Cromwell

Living Well Therapy, LLC

Locations: Eveleth, Tower

Maven Movement, LLC

Location: Plymouth

Motion, LLC

Locations: Saint Paul, Minnetonka, Edina, Mendota Heights, Eden Prairie, Saint Paul - YWCA

Minnesota Sport & Spine Rehabilitation, Inc

Locations: Saint Paul, Apple Valley

Orthology, Inc

Locations: Eagan, Eden Prairie, Maple Grove

Orthopaedic Sports, Inc

DBA OSI Physical Therapy

Locations: Stillwater, Forest Lake, Maplewood, West Saint Paul, White Bear Lake, Hugo, Shoreview, Oakdale, 3M Center; Somerset, WI

PRO Therapy LLC

Locations: Minneapolis, Coon Rapids

Progressive Care Therapy, LLC

Locations: Grand Rapids, Detroit Lakes, Duluth

Relief Physical Therapy and Wellness, LLC

Locations: Rochester, Rochester – 125 Live

Resilient Physical Therapy and Performance, LLC

Location: Woodbury

Thrive Physical Therapy, LLC

Location: Chanhassen

Total Connection Physical Therapy, LLC

Location: Big Lake

Zumbrota Sport & Spine LLC

DBA Wieber Physical Therapy

Location: Faribault

Zumbrota Sport & Spine, LLC

Location: Zumbrota