



THERAPY PARTNERS



## NOTICE ABOUT BILLING AND PATIENT STATEMENTS

Welcome,

Minnesota Sport and Spine Rehabilitation is a member practice of Therapy Partners located in the Twin Cities of Minnesota. Your provider here at MSSR has chosen to be a member practice of Therapy Partners as the health plan contracting and billing entity for the clinic. During and after receiving care you will receive an EOB from your health plan that MAY list Therapy Partners as the provider instead of MSSR. Don't be confused, it is for services provided by this clinic and your provider. You will also receive a billing statement with the name Therapy Partners on the statement. Timely payment of your bill can be made at this clinic, on the Therapy Partners website [www.therapypartners.com](http://www.therapypartners.com), or by mail to the address on the statement. Questions about your bill should go to (844) 387-8573 as found on the statement.

MSSR and Therapy Partners want every bit of your experience of care to be a positive one. That also includes the experience of paying for your bill. We are always trying to improve the process and ease of paying your bill. Please provide feedback both positive and negative to the clinic staff who will communicate this to Therapy Partners. Please direct questions about your bill to (844) 387-8573.

**NOTICE OF PRIVACY PRACTICES**  
**Joint Notice of Privacy Practices**  
*We Care About Your Privacy*

**To Our Patients**

This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This document is adapted from U.S. Department of Health and Human Services Model Notice of Privacy Practices that includes an overlay of Minnesota's additional legal requirements. It is intended to be adapted by health care providers to suit their individual needs. Please review it carefully. ***Minnesota's legal requirements are in italic text and bolded***

**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. We realize that these laws are complicated, but we must provide you with the following important information:

**This Notice of Privacy is a joint notice that applies to:**

All member practices of the Therapy Partners network. What is Therapy Partners? The practice and providers where you are receiving treatment, is a member practice of Therapy Partners. 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 can be found at the bottom on this notice (collectively referred to in this Notice as "we", "our", or "us").

**How do 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 medical 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.**
- 2. Run our organization:** We use and share your health information to manage our operations and improve the quality of your care, in which the providers and practices participate and may contact you when necessary. **We are required to obtain your consent before we release your health records to other providers outside our organization for their own health care operations.**
- 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.***

**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 many conditions in the law before we can share your information for these purposes.

- 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**
    - For workers’ compensation claims
    - For law enforcement purposes or with a law enforcement official with your consent, unless 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, unless 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 (NOTE TO PROVIDER: Minnesota may require a court order; however, providers should consult with legal counsel upon receipt of these types of documents)
  8. **Other State Law:** The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures *“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.”*

**When it comes to your health information, you have certain rights.**

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 a reasonable time
  - 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 patient records of past medical care, or for certain appeals, we may charge you specified fees.
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 (TPO). We are not required to agree to your request, and 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
  - ***Minnesota Law requires consent for disclosure of treatment, payment, or operations information.***
- 5. Get a list of those with whom we’ve shared information**
- You can ask for a list (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 the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make) We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months
- 6. Get a copy of this privacy 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.
  - We will provide you with a paper copy promptly
- 7. File a complaint if you feel your rights are violated**
- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this document
  - You can file a complaint with the U S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S W Washington, D C 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint

**For certain health information, you can tell us your choices about what we share.**

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 NOT to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory

***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

***Minnesota Law also requires consent for most other sharing purposes***

**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 promptly if a breach occurs that may have compromised the privacy or security of your information. Per HIPAA no later than sixty (60) days from the date of discovery.
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 web site.

Effective Date: May 17, 2021

HIPAA Compliance: HIPAA Privacy Office, Therapy Partners, Inc., 7581 9th Street N., Suite 100, Oakdale, MN 55128

HIPAA Officer Contact Phone Number: 651-747-4350

## **ENTITIES SUBJECT TO THE JOINT NOTICE OF PRIVACY PRACTICES**

**Achieve Health & Wellness, LLC – Apple Valley**

**AGADA Physical Therapy & Integrative Health Center – Wayzata**

**Creekside Physical Therapy – Edina**

**Crossover Physical Therapy – St. Michael**

**Engage Physical Therapy and Wellness, LLC – Excelsior**

**Ethos Performance, LLC - Hudson**

**In Motion Therapy – Duluth**

**Lake Area Therapy Services**

- Lake Area Therapy Services – Moose Lake
- Lake Area Therapy Services – Cromwell

**Living Well Therapy**

- Living Well Therapy – Duluth
- Living Well Therapy – Floodwood
- Living Well Therapy – Tower Motion, LLC

**Motion, LLC – St. Paul**

- Motion, LLC – Minnetonka
- Motion, LLC – St. Louis Park
- Motion, LLC – Eden Prairie

**Minnesota Sport & Spine Rehabilitation Inc**

- Minnesota Sport & Spine Rehabilitation Inc – Burnsville
- Minnesota Sport & Spine Rehabilitation Inc – St. Paul

**Optivus Physical Therapy – Mankato Orthopaedic Sports, Inc**

- Orthopaedic Sports, Inc – Stillwater
- Orthopaedic Sports, Inc – West St. Paul
- Orthopaedic Sports, Inc – Shoreview
- Orthopaedic Sports, Inc – White Bear Lake
- Orthopaedic Sports, Inc – Forest Lake
- Orthopaedic Sports, Inc – Somerset
- Orthopaedic Sports, Inc – 3M Center
- Orthopaedic Sports, Inc – Maplewood
- Orthopaedic Sports, Inc – Oakdale

**PRO Therapy**

- PRO Therapy – Coon Rapids
- PRO Therapy – Minneapolis

**Progressive Care Therapy, LLC**

- Progressive Care Therapy, LLC – Majestic Pines, Grand Rapids
- Progressive Care Therapy, LLC – Grand Living, Grand Rapids
- Progressive Care Therapy, LLC – Detroit Lakes

**Relief Physical Therapy and Wellness – Ham Lake**

**SitFit, LLC – Richfield**

**Thrive Physical Therapy – Chanhassen**

**Wieber Physical Therapy**

- Wieber Physical Therapy – Faribault
- Wieber Physical Therapy – Northfield

**Zumbrota Sport & Spine Physical Therapy – Zumbrota**



## **MSSR's Cancellation/No Show Policy**

### **How it Affects You**

Thank you for choosing Minnesota Sport & Spine Rehabilitation as your physical therapy provider.

We are sincerely concerned with helping you meet your goals of therapy. In order to do this, it is important that you attend all scheduled therapy appointments. Consistent attendance allows you and your therapist to progress your treatment program which will result in quicker recovery and better outcomes.

We realize that there are times when unforeseen circumstances make it impossible to attend your scheduled appointment. If this happens, please give us as much notice as possible so we can reschedule the time for another patient and find another time for your appointment. Canceling an appointment with short notice or not showing up for an appointment, takes up clinic time that could benefit another person.

In order to enforce this policy, **you may be charged \$30** if you cancel an appointment less than 24 hours before your appointment time, or do not show up for an appointment.

Canceling or “no showing” for more than three appointments will unfortunately limit your ability to schedule advanced appointments and may result in allowing same day scheduling only.

We want to make your physical therapy experience as beneficial as possible and your commitment is a very important part of this. If you know you are going to have a difficult time making your appointments, please discuss this with your therapist. We will try to accommodate your needs. Thank you.