Therapy Solutions
TAKE YOUR LIFE BACK.
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therapy-solutions.net

Therapy Solutions Privacy Practice Notice

Notice of Privacy Practices

Effective – April 4, 2011
Revised – October 2019

Therapy Solutions is committed to protecting the privacy of our clients. This notice outlines the measures we take to do that. We are committed to being in compliance with ***The Health Insurance Portability and Accountability Act of 1996 (HIPAA).*** HIPAA is a federal program that requires strict confidentiality for all your protected health information (PHI) in any form, whether electronic, written or verbal. This Act gives you rights to understand and control how your health information is used, disclosed and how you may gain access to it.

This Notice of Privacy Practices describes how Therapy Solutions may use and disclose your protected health information. It also describes your rights to access and control your protected health information. A parent or guardian must sign for a minor (under the age of 18) and handle their privacy rights.

This notice describes how your information may be used or disclosed and how you can gain access to it. **Please read this notice carefully**.

THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

When you become a patient of Therapy Solutions, we will use your health information within Therapy Solutions. Your health information may be disclosed outside of Therapy Solutions for the reasons described in this notice. The following categories describe some of the ways that we will use and disclose your health information.

Treatment. We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, and technicians who need that information to provide medical treatment. We also may disclose your health information to people outside Therapy Solutions who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment. We may use your health information for payment purposes. In order to bill and receive payment for services provided from your insurance company or another third party, we will need to include information that identifies you, as well as your diagnosis and procedures so that we can be compensated for the treatment provided. At times, we may need to get prior payment approval from your health insurance company regarding certain treatments.

Health Care Operations. We may use and disclose your health information to carry out health care operations. For example, we use and disclose information from patients to monitor and improve services. Therapy Solutions may use your health information to review the care you received and to evaluate the performance of our staff. We may combine health information about many patients in order to assist in identifying new services to offer, what services are not effective and which therapies are effective. We may need to disclose information to other health care professionals such as, doctors, nurses, technicians and Therapy Solutions staff for learning and quality improvement purposes. At times, we may remove all identifying information in order for professionals outside of Therapy Solutions to study health data.

Train Staff and Students. We may use and disclose your information to teach and train staff and students. An example of this is when a physical therapist reviews patient health information with a physical therapy student.

Appointment Reminders and Other Services. Your health information may also be used to contact (via phone, email or mail) you to remind you about appointments, payments, advise you about other services provided by Therapy Solutions or other matters.

Minors. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

As Required by Law. We will disclose PHI about you when required to do so by federal, state or local law, or by the court process.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others.

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURE

As described above, we will use your health information and disclose it outside Therapy Solutions for treatment, payment, health care operations and when permitted or required by law. We will not use or disclose your PHI for other reasons without your written authorization (release of information). An example, if you want Therapy Solutions to release treatment information to your employer or your child's school you will need to fill out a release of information. These types of uses and disclosures of PHI will only be made with a release of information. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of PHI already made with your authorization.

RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Right to Accounting. You may request in writing an accounting, which is a list of entities or persons (other than yourself) to whom Therapy Solutions has disclosed your PHI without your written authorization. The accounting would not include certain instances, such as disclosures for treatment, payment, health care operations and certain disclosures by law. *The request must be in writing, signed, dated, identifying the time period for which you are requesting and the form in which you want the list (paper or electronic, etc.).* Submit your written request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. We will respond within 60 days of receiving your request. The first listing within any 60-day period is free; any other requests within the same 60-day period will have a processing fee.

Right to Request an Amendment. If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we correct the existing information or add the missing information. Your request for an amendment must be in writing, signed and dated. Your request must specify the records you wish to amend, identify Therapy Solutions and give a reason for the amendment. Submit your written request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. We will respond within 60 days of receiving your request. We are not required to amend your record but a copy of your request will be added to your record if you direct us to file it and a reason for the denial will be provided to you along with your options.

Right to Inspect and Receive Copies. In most cases, you have the right to look at or order a copy of your health information. We have up to 30 days to make you PHI available to you and we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In certain situations, your request may be denied such as; where your health care professional believes that disclosure of your information could be harmful to you or a legal proceeding or certain research is still ongoing. Requests for billing records must be sent to the billing department. The request must be in writing, signed and dated. Submit the written request to Therapy Solutions 1679 6th Ave West, Dickinson, ND 58601. We may charge a processing fee for the request.

Right to Request Restricted Use. You may request in writing that Therapy Solutions not use or disclose your information for treatment, payment and/or operational activities except when specifically authorized by you, when required by law or in emergency circumstances. We are not legally required to agree to your request. A request must be written, signed, dated, identify Therapy Solutions, describe the information you want restricted. Submit the written request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. Therapy Solutions will provide you with a written notice of our decision regarding your request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written, signed and dated request to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may request a copy of the privacy policy at any time. If you have already agreed to receive an electronic version, you are entitled to a paper copy at any time. You may obtain a paper copy at our facilities or by calling Therapy Solutions at 701.483.1000.

COMPLAINTS

If you are concerned that we have violated your privacy or you disagree with a decision we made about access to your records, you may file a complaint with Therapy Solutions. Submit your complaint in writing to Therapy Solutions at 1679 6th Ave West, Dickinson, ND 58601. You will not be penalized for filing a complaint.

PRIVACY NOTICE CHANGES

We are required by law to protect the privacy of your information, to provide this Notice about our privacy practices and to follow the privacy practices that are described in this Notice. We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. You may request a copy of the current Notice in effect from our office. The effective and revised date of this notice is on the first page in the upper left corner.

Privacy Policy and Terms and Conditions

Effective – May 20, 2026
Revised – May 20, 2026

Introduction. Therapy Solutions respects your privacy and is committed to protecting your personal information. This Privacy Policy explains how we collect, use, and protect information related to our messaging campaigns in compliance with A2P 10DLC requirements and applicable regulations.

Information We Collect. **Opt-in Data:** When you provide consent via our intake form by ticking the opt-in box, we collect:

- Your name
- Your phone number and/or email address
- The method of opt-in (e.g., web form, SMS keyword)

Message Interactions: Details of your interactions with our messages, such as confirmations, HELP requests, and STOP requests.

Device and Usage Data: Non-personally identifiable information, such as device type, message delivery status, and message interaction frequency.

How We Use Your Information. We use your information to:

- Deliver messages you have opted in to receive, including appointment reminders, surveys, or other informational updates.
- Respond to HELP requests and provide support.
- Ensure compliance with STOP requests to cease further communications.

Note: Your information is never shared with third parties for marketing purposes.

Subscriber Consent and Disclosures. By opting in via our intake form, you agree to:

- Receive recurring messages related to the service(s) provided.
- Acknowledge that "Message and Data Rates May Apply."
- Access HELP instructions and STOP options.
- Be informed that message frequency may vary depending on the program you subscribe to.
- Confirm that you are at least 18 years old (or the age of majority in your jurisdiction) if the content is age-restricted.

The opt-in process includes:

- A clear description of the type of messages you will receive.
- Disclosure that message frequency may vary.
- References to our Privacy Policy and Terms & Conditions, which are attached below.
- Confirmation of age eligibility, where applicable.

Age Disclosure. For campaigns involving age-gated content, users must confirm they meet the required minimum age before subscribing. By opting in, you confirm that you:

- Are at least 18 years old (or the age of majority in your jurisdiction).
- Understand that age-restricted content will only be sent to eligible subscribers.

Message Frequency. The frequency of messages you receive may vary depending on the service or program you have opted into. For example:

- **Appointment Reminders:** Typically 1–3 messages per appointment.
- **Promotional Updates or Informational Messages:** Up to 5 messages per month.

Specific frequency details will be disclosed at the time of opt-in. If you have further questions, reply "HELP" or contact our support team.

Opt-out Instructions. You may opt out of receiving messages at any time by replying "STOP" to any message. Upon opting out:

- You will receive a confirmation of your opt-out request.
- No further messages will be sent unless you re-opt-in.

HELP Requests. To request assistance, reply "HELP" to any message, or contact us directly through the following channels:

- **Email:** myhealth@therapy-solutions.net
- **Phone:** (701) 483-1000

Embedded Links and Phone Numbers. Messages may contain embedded links or phone numbers to direct you to secure resources, such as:

- Appointment confirmation pages
- Support contact information

All embedded links comply with security standards to protect your data.

Data Protection and Retention. We implement robust security measures to protect your data from unauthorized access or disclosure. Information is retained only as long as necessary to fulfill the purposes outlined in this policy or as required by law.

Compliance with A2P 10DLC Guidelines. Therapy Solutions adheres to the following A2P 10DLC requirements:

- **Subscriber Opt-in:** Opt-in details are clearly disclosed during the intake process, including brand name, message frequency, and opt-out/HELP information.
- **Subscriber Opt-out:** STOP instructions and confirmation messages are provided upon opting out.
- **HELP Information:** Patients can request help by texting HELP or contacting the office by phone.
- **Privacy Assurance:** Opt-in data is never shared with third parties for marketing purposes.
- **Sample Messages:** All messages identify the brand and include opt-out instructions.

Contact Us. For questions about this Privacy Policy, you can contact us at:

- **Email:** myhealth@therapy-solutions.net
- **Phone:** (701) 483-1000

Sample Messages.

1. **Opt-in Confirmation:** "Thank you for opting in to receive messages from Therapy Solutions. Message frequency may vary. Msg & data rates may apply. Reply HELP for support. Reply STOP to cancel. By opting in, you confirm you are at least 18 years old."
2. **HELP Response:** "Thank you for reaching out to Therapy Solutions. For assistance, please call us at (701) 483-1000 or email us at myhealth@therapy-solutions.net. Reply STOP to cancel messages."
3. **STOP Confirmation:** "You have successfully opted out of messages from Therapy Solutions. You will receive no further messages."
4. **Survey Message:** "Hi {{patient-first-name}}, would you please take a minute and write a review for us here: {{review-url}}. It would help other patients just like you know how we are doing! Thank you!"
5. **2FA:** "Your verification code is: {{code}}"
6. **Customer Care:** "Hi {{patient-first-name}}. Please reply "C" to confirm your appointment on {{appointment-formatted-date-time}} with Therapy Solutions. Please reply back to this message if you have any questions. More details on {{appointment-details-url}}. Thank you! You may Reply 'STOP' at any time to stop receiving future messages."
7. **Customer Care:** "Dear {{patient-first-name}}. Just a friendly reminder that you have an appointment on {{appointment-formatted-date-time}} with us at Therapy Solutions. For driving directions, click here: {{practice-location-formatted-address}}. Please reply back to this message if you have any questions or need to reschedule. Thank you!"

TERMS AND CONDITIONS

You agree to receive informational messages (such as appointment reminders, account notifications, and other updates) from Therapy Solutions. Message frequency varies depending on your interactions and service subscription. Standard message and data rates may apply.

For help, reply HELP to any message or email us at myhealth@therapy-solutions.net. You can opt out of receiving messages at any time by replying STOP.