



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

NEW PATIENT PACKET (TELEHEALTH)

To new clients:

This packet includes policy information about Motion Mentors Physical Therapy (MMPT), notice of privacy practices, and forms that need to be filled out and emailed to pt@motionmentors.com prior to your first session.

Please read through the packet carefully, especially the sections regarding consent and Patient Preparation for Telehealth Visit. If you have any questions, email us at pt@motionmentors.com. We look forward to working with you.

Staff at Motion Mentors Physical Therapy

Checklist for completing paperwork:

- Sign and date Payment for Telehealth Services.
- Sign and date Telehealth Consent to Treat.
- Complete the Intake Form.
- Read through the HIPPA Notice of Privacy Practices AND the Online Notice of Privacy Practices regarding your therapy and sign below that you have received both copies.

Signature below is only acknowledgement that you have received both the HIPPA and Online Notice of Privacy Practices.

Patient or Personal Representative Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.

SIGN AND RETURN



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt PT, PRPC

pt@motionmentors.com

PAYMENT FOR TELEHEALTH SERVICES

For all existing patients, your paperwork already on file will remain applicable for the purposes of privacy, billing, and your payment responsibility.

For all new patients, you will need to fill out additional paperwork. Forms will be made available to you via email and must be completed prior to your telehealth appointment.

All payment is due prior to services rendered. Our no show and cancellation policy is listed at the bottom of this page.

PRICING FOR REMOTE SESSIONS:

(price includes 3% charge for credit card payment)

- \$77.25 – 30 minute one on one physical therapy session
- \$154.50- 1 hour physical therapy session
- \$256.00 – 2 hour physical therapy evaluation (new patient to MMPT)

No shows or late cancellation (less than 24 hours): The full price of the visit will be charged. If the visit can be easily rescheduled, we will allow for a one-time visit change, at no charge. A valid family emergency or illness will not be billed a no show or late fee.

I agree to the above policy for my payment responsibility.

Patient Signature

Date

Printed Patient Name



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

PARENT/GUARDIAN CONSENT FORM

In the case you are unable to attend your child's telehealth session, we require your consent for the physical therapist at Motion Mentors Physical Therapy, to conduct a Physical Therapy telehealth session in your absence. Please reference all other forms, in particular the Patient Telehealth Preparation sheet, to thoroughly understand what can be covered in a telehealth session. We take the health and privacy of our patients very seriously. Please understand that this will involve video and audio platforms under a HIPPA compliant service. No portion of the session will be recorded on our delivery end.

Please ask questions if you have any further concerns. If you are confident in proceeding, please sign below.

Child's/Minor's name and Date of Birth

Parent/Guardian Signature

Date

SIGN AND RETURN



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

TELEHEALTH CONSENT TO TREAT

- I understand that I am voluntarily engaging in a telehealth consultation and treatment.
- I have been briefed on how the video conferencing technology will be used to affect such a program. Please see the Patient Telehealth Preparation sheet to guide you.
- I acknowledge and accept that a virtual delivery of Physical Therapy is acceptable and will address my goals and physical needs in an appropriate manner.
- I understand there are potential risks to this technology, including interruptions, unauthorized access (ie., someone in the same or next room in your own home. Your therapist will provide a closed door session to ensure your privacy from their home or room environment), and technical difficulties. I understand that the professional or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand that my information may be shared with other individuals for scheduling and billing purposes. Others may be present to operate video equipment (ie., a student physical therapist/intern). The above mentioned will all maintain confidentiality of any information obtained. I further understand that I will be informed of their presence in the session and thus will have the right to request the following:
 - Omit any specific details of history
 - Ask non-therapy or student personnel to leave at any time
 - Terminate session at any time
- I have had the alternatives to telehealth explained to me and am choosing to participate. I understand that some parts of the session involving physical tests will have to be altered.
- I understand the billing process and agree to the outlined pricing. Please see the Payment for Telehealth Services sheet. I understand that I am 100% responsible for payment, due at time of scheduling. **NO insurance in any form will be billed, charged or collected for these sessions.** I choose by my own free will to participate and invest in this service.
- I have been cleared to participate in a remote session (either by my Physical Therapist, primary care physician, or other healthcare provider who understands my condition for seeking care).
- In taking part in these sessions, via phone or video platform, I acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation.

By signing below, I hereby WAIVE AND RELEASE (Motion Mentors, LLC), its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the online/ telehealth sessions. My signature indicates that I understand and agree to each listed point and policy expressed in the above text.

Patient Signature

Date

SIGN AND RETURN



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

INTAKE FORM

Name: _____ DOB: ____/____/____ Today's Date: ____/____/____

Referred by: _____

Address: _____

Phone: _____

E-mail: _____

PAST/PRESENT DIAGNOSES AND PROCEDURES

List any urinary problems you have or have had: _____

List any GI problems you have or have had: _____

List any gynecological problems you have or have had: _____

List any other medical problems you have or have had: _____

List all surgeries and dates: _____

List all medications you are currently taking:

| MEDICATION | DOSAGE | MEDICATION | DOSAGE |
|------------|--------|------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC

pt@motionmentors.com

LIFESTYLE

Circle the situations that best applies to you currently:

| | | | | | |
|--|--|---|--------------------------------------|---|---------------------------------------|
| Exercise (aerobic): (running, spin, etc.) | <input type="checkbox"/> daily duration: _____ | <input type="checkbox"/> 3-5 x's a week | <input type="checkbox"/> once a week | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely/never |
| Exercise (mild): (weight lifting, yoga, etc.) | <input type="checkbox"/> daily duration: _____ | <input type="checkbox"/> 3-5 x's a week | <input type="checkbox"/> once a week | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely/never |
| Alcohol use: | <input type="checkbox"/> daily/how many?: _____ | <input type="checkbox"/> 3-5 x's a week | <input type="checkbox"/> once a week | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely/never |
| Tobacco use: | <input type="checkbox"/> daily/how many?: _____ | <input type="checkbox"/> 3-5 x's a week | <input type="checkbox"/> once a week | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely/never |
| Illicit drug use: | <input type="checkbox"/> daily/how many?: _____ | <input type="checkbox"/> 3-5 x's a week | <input type="checkbox"/> once a week | <input type="checkbox"/> occasionally | <input type="checkbox"/> rarely/never |
| Occupation: | | | | | |
| Employment status: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Light-duty | <input type="checkbox"/> Not working/ <input type="checkbox"/> retired | |

CURRENT SYMPTOMS

What problem/issue brings you here today? _____

How and when did it start? _____

List any activities you are now unable to do:

What diagnostic tests have you had for this problem?

Check all that apply: X-ray | MRI | CT scan | EMG | Bone scan

What treatments have you had for this problem?

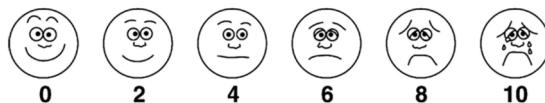
Check all that apply: Massage | Injections | Physical Therapy | Psychological | Chiropractic



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

PAIN INVENTORY



Rate your pain: No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

Pain level:

Draw your pain:

(If filling out electronically, you will be unable to complete this section.)

Describe your pain: Dull Ache

Sharp Stabbing Pins & Needles

Shooting Pain Burning Throbbing

Twinge Numbness/Tingling

Other _____

Is your pain constant? Yes No

Intermittent? Yes No

Fluctuates with activity? Yes No

Wakes you up at night? Yes No

What makes your symptoms worse?

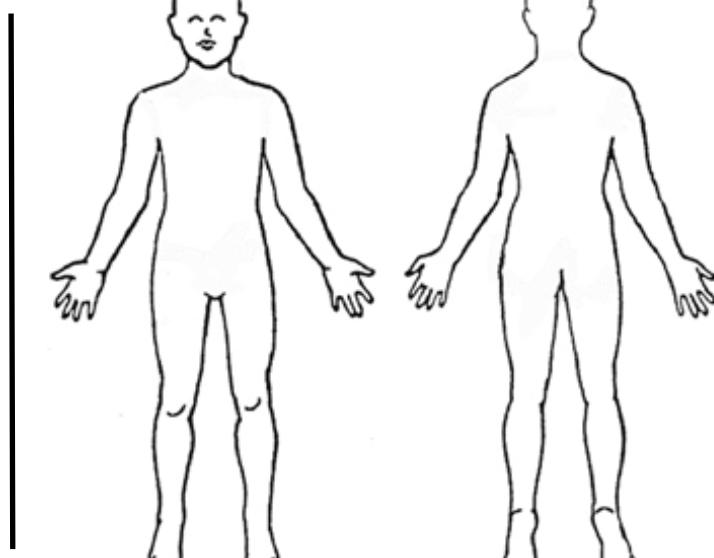
Sitting Standing Walking

Lifting Bending Lying down

Squatting Stress

Other _____

Are you ever totally pain free? Yes No



What makes your symptoms better? Sitting Standing Walking Lifting

Bending Lying down Other _____

What time of day are your symptoms worst? _____ Best? _____

Have you had this problem before? Yes No

If yes, when and how did it get better? _____



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

PATIENT PREPARATION FOR TELEHEALTH VISIT

We are excited to offer you an alternative to direct Physical Therapy care in helping you find the best way to optimize your physical health during our clinic's closure. This form is designed to help you prepare in advance of your Physical Therapy Telehealth visit in order to optimize our time. Below you will helpful information about the right environment, focus, and mindset to achieve the best results from the visit.

SECTION I: Environmental Preparations

SECTION II: Content Preparations

SECTION III: Mindset Preparations

SECTION I: Environmental Preparations

SET UP

- Consider a room or area that affords you a privacy level you are comfortable with and minimal distractions.
- You can use any device that supports videoconferencing. We will send you an invite through www.doxy.me. You do not have to download anything. This platform of videoconferencing is HIPPA compliant.
- doxy.me suggests that you use Google Chrome or Firefox for best web browsing efficiency. Others have used Safari without difficulty.
- The room/floor space should allow you enough room to move around freely and exercise.
- Consider how you will position your device to allow your therapist to observe and evaluate how you are moving/exercising.
- Laptops or desktops with cameras/microphones have the best capacity and video quality. If you would like to move around to different areas of your home, a laptop works best.
- Lighting: should be in front of the device shining on you vs behind you (ie., window). Shadows may make it harder to see specific regions of the body, so front lighting is ideal.



SECTION I: Environmental Preparations (cont.)

- Please spend some time identifying your goals, whether you have been having any symptoms, and what specific activities you are having trouble with. We have the opportunity to see you in your home environment and truly replicate and give guidance to those activities - let's take advantage of it!

EQUIPMENT

- Have any equipment that you use to exercise, or that has been given to you for your home exercises readily available for us to view and evaluate.
- Have any desks, chairs, beds, etc. ready for us to evaluate and determine if they can be modified if contributing to your symptoms.
- If you think our session might take us around your home, have a few areas in mind where you can place your laptop.

CLOTHING

- Consider wearing flexible clothing like you normally wear during your treatments in the clinic. It should allow you to move freely, while at the same time, allow for visual access to your areas of concern.

- All patients, male and female, need to ensure the therapist can visually observe the area of your body that is symptomatic or contributing to your symptoms. Please chose your clothing appropriately, allowing us to observe alignment and position.

NOTE: Baggy clothing or clothing that excessively covers the trunk may not provide an optimum visual assessment. At all times, however, only present yourself in a manner in which you feel is appropriate and comfortable. At no point will the session be recorded on our end.

- Consider either being barefoot or determine prior to our session which shoes you may be wearing while exercising. Consider what type of flooring you will be standing on for firmness and traction. You may want to have a yoga mat option.



SECTION II: Content Preparations

NOTE: A goal is best established in light of the follow up question: *"How would I know if I achieved my goal?"* It is not simply the elimination of symptoms, but also the ability to move or function more freely, more independently, to sleep more restfully, to not feel distracted by your symptoms.

SESSION GOALS:

Identify your top 2-3 priorities for your session. The following list is a suggested guide:

- A. **Pain or Symptom relief:** Your therapist may guide you through questions that are a bit more extensive in description/detail in order to best understand your concerns without being able to physically touch the problem.
- B. **Exercise progression.**
- C. **Posture/Movement education** (body mechanics, ergonomics, activity based problems).
- D. **Mobility/Flexibility.**
- E. **Relaxation/Strategies to promote rest:** Your therapist may guide you through a series of breathing and awareness exercises to assist you in relaxing specific areas of discomfort.
- F. **Other:**

Know that it may take longer than you expect to address each issue within our virtual session. We will prioritize your goals at the beginning and pace ourselves to address each goal.



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

SECTION III: Mindset Preparations

If you have issues or burdens that you believe are important to discuss with your PT, feel free to initiate those discussions. We understand that during these challenging and emotional times you may need to share some of your challenges. Speaking with someone who is willing to listen and offer a non-judgmental, but discerning point of view, can help with healing and perspective. As such, please feel free to share as much as you feel comfortable with at the opening and/or closing of each session. These are rich ways in which we can stay connected. Examples include:

- Sharing a challenging moment in the week or day.
- Sharing a nice win.
- Sharing a perspective that has helped you or your family.
- Sharing a family saying, a pearl of wisdom, a spiritual text.

Thank you for taking the time to help us support you!

The Staff at Motion Mentors Physical Therapy



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC

pt@motionmentors.com

HIPPA NOTICE OF PRIVACY PRACTICES

Effective April 27, 2020

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 of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" or "PHI" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. A new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. Copies of this Notice are available by accessing our website www.motionmentors.com.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information for Which Your Authorization Is Not Required. Your PHI may be used and disclosed without your prior authorization by your physical therapist, our office staff, and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physical therapist's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physical therapist to which you have been referred to ensure that the physical therapist has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physical therapist's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physical therapist. We may also call you by name in the waiting room when your physical therapist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC

pt@motionmentors.com

Other Permitted and Required Uses and Disclosures That May Be Made With Your Opportunity to Object. We may use and disclose your PHI in the following instances. You have the opportunity to object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for the care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your healthcare provider or another healthcare provider in our agency is required by law to treat you and the healthcare provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object. We may disclose your PHI in the following situations without your consent or authorization:

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury, or disability.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency au-



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

thorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration (i) to report adverse events, product defects or problems, biologic product deviations, track products; (ii) to enable product recalls; (iii) to make repairs or replacements; or (iv) to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes.

Coroners, Funeral Directors and Organ Donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law: We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may use or disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel: (i) for activities deemed necessary by appropriate military command authorities; (ii) for the purpose of a determination by the Department of Veterans Affairs; or (iii) to foreign military authority if you are a member of the foreign military services.

Workers' Compensation: We may use or disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your health care provider created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with requirements of the Code of Federal Regulations, Part 45 Section 164.500 et seq.



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC

pt@motionmentors.com

Uses and Disclosures of PHI for which Your Written Authorization Is Required. Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physical therapist or Motion Mentors Physical Therapy, LLC has already taken an action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

2. Your Rights.

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights:

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your PHI that is contained in a designated record set for so long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your health care provider and Motion Mentors Physical Therapy, LLC uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You also have a right to restrict certain disclosures of your PHI to a health plan if you have paid in full out-of-pocket for the health care item or service.

Your health care provider is not required to agree to a restriction that you may request. If your health care provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare provider. If your health care provider does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.

You may have the right to have your physical therapist amend your protected health information. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for general notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 27,2020. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a copy of this Notice of Privacy Practices from us. You have a right to obtain a copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically.

You have a right to receive notifications of a data breach. We are required to notify you upon a breach of any unsecured PHI. PHI is “unsecured” if it is not protected by a technology or methodology specified by the Secretary. The notice must be made within 60 days from when we become aware of the breach. However, if we have insufficient contact with you, an alternative notice method (posting on website, broadcast media, etc.) may be used.

3. Complaints.

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. *We will not retaliate against you for filing a complaint.*

We are required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. This notice was published and becomes effective on or before April 27,2020. If you have any objections to this form, please email your concerns to pt@motionmentors.com.



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

NOTICE OF ONLINE PRIVACY PRACTICES

Motion Mentors Physical Therapy, LLC (MMPT) values its users' privacy. This Privacy Policy ("Policy") will help you understand how we collect and use personal information from those who visit our website or make use of our online facilities and services, and what we will and will not do with the information we collect. Our Policy has been designed and created to ensure those affiliated with Motion Mentors Physical Therapy, LLC of our commitment and realization of our obligation not only to meet, but to exceed, most existing privacy standards.

We reserve the right to make changes to this Policy at any given time. If you want to make sure that you are up to date with the latest changes, we advise you to frequently visit this page. If at any point in time Motion Mentors Physical Therapy, LLC decides to make use of any personally identifiable information on file, in a manner vastly different from that which was stated when this information was initially collected, the user or users shall be promptly notified by email. Users at that time shall have the option as to whether to permit the use of their information in this separate manner.

This Policy applies to Motion Mentors Physical Therapy, LLC, and it governs any and all data collection and usage by us. Through the use of motionmentors.com, you are therefore consenting to the data collection procedures expressed in this Policy.

Please note that this Policy does not govern the collection and use of information by companies that Motion Mentors Physical Therapy, LLC does not control, nor by individuals not employed or managed by us. If you visit a website that we mention or link to, be sure to review its privacy policy before providing the site with information. It is highly recommended and suggested that you review the privacy policies and statements of any website you choose to use or frequent to better understand the way in which websites garner, make use of and share the information collected.

Specifically, this Policy will inform you of the following

- What personally identifiable information is collected from you through our website;
- Why we collect personally identifiable information and the legal basis for such collection;
- How we use the collected information and with whom it may be shared;
- What choices are available to you regarding the use of your data; and
- The security procedures in place to protect the misuse of your information.



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

Information We Collect

It is always up to you whether to disclose personally identifiable information to us, although if you elect not to do so, we reserve the right not to register you as a user or provide you with any products or services. This website collects various types of information, such as:

Information automatically collected when visiting our website, which may include cookies, third party tracking technologies and server logs.

In addition, Motion Mentors Physical Therapy, LLC may have the occasion to collect non-personal anonymous demographic information, such as age, gender, household income, political affiliation, race and religion, as well as the type of browser you are using, IP address, or type of operating system, which will assist us in providing and maintaining superior quality service.

Motion Mentors Physical Therapy, LLC may also deem it necessary, from time to time, to follow websites that our users may frequent to gleam what types of services and products may be the most popular to customers or the general public.

Why We Collect Information and For How Long

We are collecting your data for several reasons:

- To better understand your needs and provide you with the services you have requested;
- To fulfill our legitimate interest in improving our services and products;
- To send you promotional emails containing information we think you may like when we have your consent to do so;
- To contact you to fill out surveys or participate in other types of market research, when we have your consent to do so;
- To customize our website according to your online behavior and personal preferences.

The data we collect from you will be stored for no longer than necessary. The length of time we retain said information will be determined based upon the following criteria: the length of time your personal information remains relevant; the length of time it is reasonable to keep records to demonstrate that we have fulfilled our duties and obligations; any limitation periods within which claims might be made; any retention periods prescribed by law or recommended by regulators, professional bodies or associations; the type of contract we have with you, the existence of your consent, and our legitimate interest in keeping such infor-



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

mation as stated in this Policy.

Use of Information Collected

Motion Mentors Physical Therapy, LLC does not now, nor will it in the future, sell, rent or lease any of its customer lists and/or names to any third parties.

Motion Mentors Physical Therapy, LLC may collect and may make use of personal information to assist in the operation of our website and to ensure delivery of the services you need and request. At times, we may find it necessary to use personally identifiable information as a means to keep you informed of other possible products and/or services that may be available to you from motionmentors.com

Motion Mentors Physical Therapy, LLC may also be in contact with you with regards to completing surveys and/or research questionnaires related to your opinion of current or potential future services that may be offered.

[Motion Mentors Physical Therapy, LLC](#) uses various third-party social media features including but not limited to Facebook, Instagram, YouTube and other interactive programs. These may collect your IP address and require cookies to work properly. These services are governed by the privacy policies of the providers and are not within Motion Mentors Physical Therapy, LLC's control.

Disclosure of Information

Motion Mentors Physical Therapy, LLC may not use or disclose the information provided by you except under the following circumstances:

- as necessary to provide services or products you have ordered;
- in other ways described in this Policy or to which you have otherwise consented;
- in the aggregate with other information in such a way so that your identity cannot reasonably be determined;
- as required by law, or in response to a subpoena or search warrant;
- to outside auditors who have agreed to keep the information confidential;
- as necessary to enforce the Terms of Service;
- as necessary to maintain, safeguard and preserve all the rights and property of Motion Mentors Physical Therapy, LLC.



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

Non-Marketing Purposes

Motion Mentors Physical Therapy, LLC greatly respects your privacy. We do maintain and reserve the right to contact you if needed for non-marketing purposes (such as bug alerts, security breaches, account issues, and/or changes in Motion Mentors Physical Therapy, LLC products and services). In certain circumstances, we may use our website, newspapers, or other public means to post a notice.

Children under the age of 13

Motion Mentors Physical Therapy, LLC's website is not directed to, and does not knowingly collect personal identifiable information from, children under the age of thirteen (13). If it is determined that such information has been inadvertently collected on anyone under the age of thirteen (13), we shall immediately take the necessary steps to ensure that such information is deleted from our system's database, or in the alternative, that verifiable parental consent is obtained for the use and storage of such information. Anyone under the age of thirteen (13) must seek and obtain parent or guardian permission to use this website.

Unsubscribe or Opt-Out

All users and visitors to our website have the option to discontinue receiving communications from us by way of email or newsletters. To discontinue or unsubscribe from our website please send an email that you wish to unsubscribe to pt@motionmentors.com. If you wish to unsubscribe or opt-out from any third-party websites, you must go to that specific website to unsubscribe or opt-out. Motion Mentors Physical Therapy, LLC will continue to adhere to this Policy with respect to any personal information previously collected.

Links to Other Websites

Our website does contain links to affiliate and other websites. Motion Mentors Physical Therapy, LLC does not claim nor accept responsibility for any privacy policies, practices and/or procedures of other such websites. Therefore, we encourage all users and visitors to be aware when they leave our website and to read the privacy statements of every website that collects personally identifiable information. This Privacy Policy Agreement applies only and solely to the information collected by our website.

Security

Motion Mentors Physical Therapy, LLC takes precautions to protect your information. When you submit sensitive information via the website, your information is protected both online



MOTION MENTORS PHYSICAL THERAPY

Johnnie Kleinschmidt, PT, PRPC
pt@motionmentors.com

and offline. Wherever we collect sensitive information (e.g. credit card information), that information is encrypted and transmitted to us in a secure way. You can verify this by looking for a lock icon in the address bar and looking for "https" at the beginning of the address of the webpage.

While we use encryption to protect sensitive information transmitted online, we also protect your information offline. Only employees who need the information to perform a specific job (for example, billing or customer service) are granted access to personally identifiable information. The computers and servers in which we store personally identifiable information are kept in a secure environment. This is all done to prevent any loss, misuse, unauthorized access, disclosure or modification of the user's personal information under our control.

Acceptance of Terms

By using this website, you are hereby accepting the terms and conditions stipulated within the Privacy Policy Agreement. If you are not in agreement with our terms and conditions, then you should refrain from further use of our sites. In addition, your continued use of our website following the posting of any updates or changes to our terms and conditions shall mean that you agree and acceptance of such changes.

How to Contact Us

If you have any questions or concerns regarding the Privacy Policy Agreement related to our website, please feel free to contact us at the following email address:

Email: pt@motionmentors.com