



New Client Packet

Motionwise Location and Directions (includes map)

Client Welcome Letter

Client Information Form

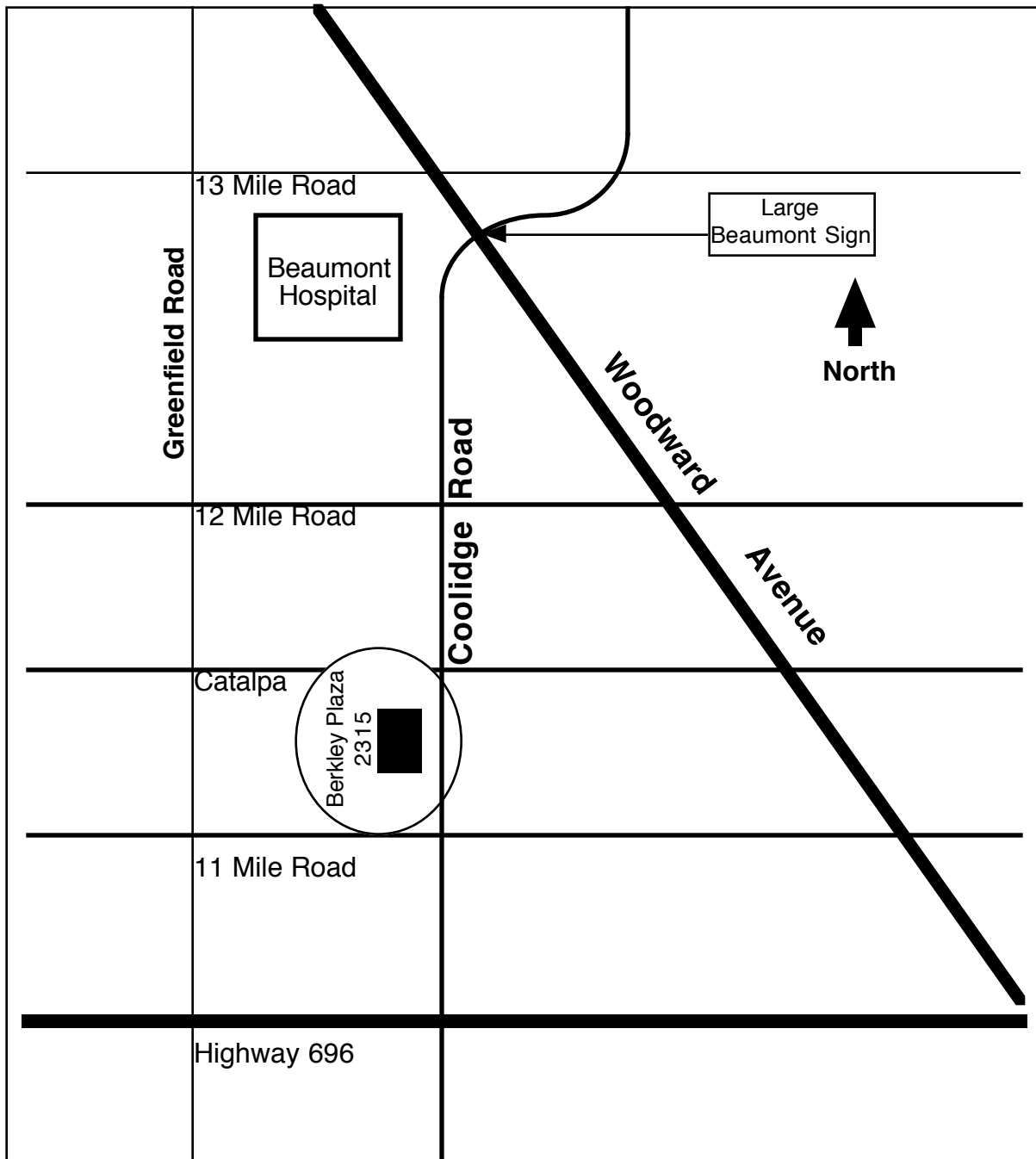
Policies and Procedures Forms

Privacy Policy Notice

Motionwise, LLC
2315 Coolidge • Berkley Plaza
Berkley, MI 48072
248-414-6800

Please Read: We are located on Coolidge Road between Eleven Mile Road and Catalpa (Eleven And A Half Mile Road). One block south of Catalpa on the west side of Coolidge in the Berkley Plaza. **Note:** There is a large blue sign over my office.

Parking: If the plaza is full, you may park on Coolidge in front of the plaza, or at the Taco Bell at the north end of the plaza.



Welcome to Motionwise®

On behalf of Motionwise, we would like to welcome you to our office. For 30 years, John Gifford has been in the practice of helping to relieve pain and tension. We are honored for the opportunity to work with you.

What John Gifford does

Myotherapy, or Trigger Point Therapy, is a specialized form of muscle therapy in which deep, sustained pressure is applied to the area where the muscles are the most hardened, commonly referred to as Knots or Trigger Points. These are areas of the muscle that can contribute to pain and tension. John's specialty is the deep, focused work targeted to the areas of your concern. In some cases, mild, passive stretching is used; this is done on a case-by-case basis.

Appointment Frequency

John suggests, where possible, schedule three appointments in within 10 days to help assess how the therapy works for you. These initial appointments can help to ascertain the benefits of this therapy for you. Some people feel immediate results, others are slower to respond depending on their muscles. Future appointments are scheduled based on the unique needs of each client.

Fees

Currently, a new client appointment is billed at \$200.00. This includes a consultation time with John as well as your first treatment session. Subsequent Standard Sessions, up to 50-minutes of Myotherapy, are currently billed at \$140.00. We accept cash, check and all major credit cards. We also encourage clients to check with their Insurance companies and HSA companies for possible reimbursements.

Special Circumstances

John takes pride in making himself available to meet the needs of his clients. When John's schedule and obligations outside of the office allow, he will see a client outside of normal business hours. If you arrive early in these Special Circumstances, the door between the waiting room and the main office area may be closed. John will be present and ready for you at your appointment time.

John Gifford's Motionwise® LLC

Client Information Form

Welcome! Please provide us with the following information for our records.
Motionwise® LLC and it's members do not disclose personal or contact information.

Date

Name

Birth Date mm / dd / yyyy

Gender

Contact Information

Street Address (inc. APT# if applicable)

City

State

Zip Code

Mobile Phone

Other:

e-mail

Emergency Contact Information

Name

Relationship

Street Address (inc. APT# if applicable)

**Note: If Address is the same as client, please write "Same."

City

State

Zip Code

Phone

e-mail

How did you learn about Motionwise®?

What, if any, pre-existing conditions do you have? (inc. arthritis, diabetes, scoliosis, joint replacements, spinal rods, cancer, etc)

Print Name (Parent or Guardian if client is a minor)

Relationship (e.g. mother, father, guardian, self)

Signature (Please sign to affirm that the above information is correct)

Date

John Gifford's Motionwise® LLC

Policies and Procedure Form

Indicate your acknowledgment of, and agreement to the policies and procedures of this office by signing below.

Privacy

I have been offered a copy of the ***Privacy Policies Notice***.

Payment & Insurance

Payment is due at time of service and Motionwise® does not bill third party carriers or guarantee coverage.

Procedures

Sessions may involve deep pressure to my muscles and/or active and passive stretching movements.

Scope of Practice

Services are not intended to replace medical treatment.

Right to Cease

Should my therapist recommend or I decide Myotherapy or massage may not be a good option for my case, I have the right to end a session at any time. I will not be financially responsible for the session unless I complete some or all of the session time. I am financially responsible for a consultation for the consultation portion of my appointment,

Client Etiquette

Please refrain from spraying strong scented perfumes or other fragrances when attending appointments.

Unattended Appointments

I understand that I am financially responsible for unattended appointments. This includes instances due to weather, illness, traffic conditions and/or EMERGENCIES.

Please see Unattended Appointment Policy Acceptance Form.

Statement of Consent

I am over 18 years of age or I am the legal guardian for _____ and grant my authorization and consent for a Motionwise® massage therapist to perform Myotherapy and sports massage.

Printed Name

Signature

Date

John Gifford's Motionwise® LLC

Unattended Appointment Policy Acceptance

Unattended Appointments

I understand that I am financially responsible for unattended appointments where I do not give Motionwise®, LLC 12 hours notice of my cancelation. ***This policy includes instances of nonattendance or late cancelation due to weather, illness, traffic conditions and/or EMERGENCIES.***

I understand that, if I call immediately, Motionwise may be able to contact another client who may take my appointment and I will not be financially responsible.

I understand that I may call or email Motionwise®, LLC at any time, even after-hours and leave a message canceling my appointment and as long as it is before 12-hours, I will not be responsible for the appointment.

The exception to this policy is limited to instances where Motionwise® contributed to the unattended appointment. This exception does NOT include where I do not receive a courtesy reminder. Courtesy reminders are provided to clients when possible. Unattended appointments with less than 12 hours notice are billed at the full session rate regardless of the receipt of a courtesy reminder.

Late Arrival to Appointments

I also understand that the length of a session cannot be extended to accommodate any late arrival to an appointment. I also understand that I am responsible for the full session cost.

By signing below, I, the parent/guardian of _____
am confirming that I agree to the Unattended Appointment Policy.

Printed Name

Signature

Date

Privacy Policies Notice

We are dedicated to providing top-quality service. Protecting your privacy is paramount and we have implemented procedures to safeguard the information included in your files. We have installed a firewall on our computer, computerized files can only be accessed with a password, and all paperwork is kept in a locking file cabinet.

This notice describes how Protected Health Information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Personal and Protected Health Information

We may gather personal and health information from you, other health care providers and third party payers. This information is used for treatment, payment and health care operations. The following describes the ways we may use and disclose your Protected Health Information:

- We may provide PHI about you to health care providers, other practice personnel or third parties who are involved in the provision, management or coordination of your treatment care.
- We may disclose your PHI to any third party you designate in writing.
- We may use or disclose your PHI so that we can collect or make payments for the health care services you receive or are going to receive.
- We may disclose your PHI if we ever sell or transfer our practice.
- We may disclose your PHI if we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- We may disclose your PHI to a government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will make this disclosure if it is necessary to prevent serious harm to you or others potential victims, if you are unable to agree due to your incapacity, if you agree to the disclosure or where required by law.
- We may disclose your PHI to a health oversight agency for activities authorized by law.
- We may disclose your PHI as required by a court or administrative order; or under certain circumstances in response to a subpoena, discovery request or other legal process.
- We may release your PHI as necessary to comply with laws relating to Workers Compensation or similar programs that are established by the law to provide benefits for work-related injuries or illness without regard to fault.
- We may disclose your PHI to a HIPAA certified Business Associate (a person or organization that performs a function or activity on behalf of the practice that involves the use or disclosure of PHI such as a billing services company or other practitioner who is involved in your health care).
- Your PHI may be disclosed for military and veterans affairs, for national security and intelligence activities or for correctional activities.
- We may use or disclose your PHI when required by law.
- We may use your name, address, phone number, e-mail and your record to contact you with appointment reminder calls, recall postcards, greeting cards, information about alternative therapies or other related information that may be of interest to you. If you are not at home to receive and appointment reminder, a message will be left on your answering machine or voicemail.

Please note your rights regarding this information.

1. You are entitled to inspect and receive copies of your records.
2. You are entitled to make a written request to amend your PHI files or put certain restrictions on certain uses and disclosures of PHI. We accommodate any reasonable requests, yet we retain the right to deny inclusion of amendments or use restrictions of your PHI.
3. You have the right to disagree with the practitioner's refusal of inclusion.
4. You have a right to receive all notices in writing.
5. You have the right to request that we do not disclose your information to specific individuals, companies, or organizations. Any restrictions should be requested in writing. We are not required to honor these requests. If we agree with your restrictions, the restriction is binding on us.
6. You may complain to us or the Secretary for Health and Human Services if you feel that we have violated your privacy rights. There will be no retaliation for filing a complaint. Written comments should be addressed to our Privacy Officer at our office address or the Secretary for Health and Human Services at: 200 Independence Ave. SW, Room 509F, HHH Bldg. Washington, DC. 20201.

Original Effective Date: April 14, 2003

This notice remains in effect until it is replaced or amended by changes in the law.