



SUBSCRIBER POLICIES & AGREEMENTS

INFORMED CONSENT FOR SERVICES

WholePerson Therapeutics provide occupational therapy services which include physical rehabilitation, health and wellness, environmental modification, pain management, chronic condition management, and more... Our services involve the use of many different types of evaluations, equipment, and treatment approaches. We utilize a variety of techniques, interventions and modalities to help us to try and improve your function. As with any treatment of human conditions, there are benefits and risks involved with licensed therapeutic services.

Since the physical responses to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapeutic interventions or techniques. We are not able to guarantee precisely what your reaction to a treatment technique maybe, nor can we guarantee that our treatment will help the condition for which you are seeking treatment. There is also a risk that your treatment may cause pain or injury and may aggravate previously existing conditions.

You have the right to ask your therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms, testing results and personal goals. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time or during your treatment session.

Therapeutic exercises, learning of compensatory strategy, adaptation techniques or remediation activities are an integral part of most rehabilitation therapy treatment plans. Physical movement has an inherent physical risk associated with it. If you have any questions regarding the type of activities you are performing and any specific risks associated with your scheduled activity, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained by WholePerson Therapeutics LLC therapist, and all my questions have been answered to my satisfaction. I understand the risks associated with a program for occupational and physical rehabilitation therapy as outlined to me, and I wish to proceed.

ASSUMPTION OF RISK & LIABILITY

WholePerson Therapeutics LLC urges all Subscribers to obtain a physical examination from their physicians prior to participation in any physical activities. In recognition of the possible dangers connected with any physical activity, the individual subscriber, and/or corporate subscriber hereby, and voluntarily, waive their rights, or cause of action of any kind whatsoever, arising as a result of such activity, from which any liability that may or could accrue toward WholePerson Therapeutics, their Board of Trustees, agents, employees, staff Subscribers, officers, directors, partners, contractors, instructors, trainers, or Subscribers (collectively the "Released Parties").

I, individual subscriber or corporate subscriber, understand that all participation in the WP 1000 program is done at my own risk, and that of my guests, and therefore I shall not hold the Released Parties liable for any damages arising from personal injuries sustained by me and/or my guests in or about the premises. I assume full responsibility for any injuries or damages which may occur to me in, on, or about the premises, and I do hereby fully and forever release and discharge the Released Parties from any and all claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated, resulting from or arising out of my use or intend use of the said facility service and/or equipment thereof.



I represent myself, and/or my guest, to be physically capable of participating in subscriber Programs and activities. I understand that WholePerson Therapeutics LLC has no obligation or duty to conduct a physical exam before I, or my guest use the facility. I release WholePerson Therapeutics and additional Released Parties from any injury arising from its good faith acts or omissions in emergency situations. I represent that I am over the age of 18 and agree that this assumption and release binds me and my guest.

PRIVACY NOTICE

Uses and Disclosures of Your Health Information

Treatment. Your health information may be used by staff subscribers or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff subscribers.

Payment. If you are a being treated by WholePerson Therapeutics, in addition to participation in the subscriber Program, your health information may be used to seek payment for your treatment, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of WholePerson Therapeutics. For example, information on the services you received may be used to support budgeting and financial law-enforcement investigations, and to comply with government mandated reporting.

Law Enforcement. Your health information may be disclosed to public health agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting required of WholePerson Therapeutics.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other Uses and Disclosures Require Your Authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information you may submit a written revocation of the authorization. However, our decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Appointment Reminders. Your health information will be used by our staff for consultative and treatment purposes.

Information About Treatments. Your health information may be used to send you information on the treatment and management of your medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

Your Health Information Rights. You have certain rights under federal privacy standards. These include:

- The rights to request restrictions on the use and disclosure of your health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your health information
- The right to amend and/or submit corrections to your health information



- The right to receive any accounting of how and to whom your health information had been disclosed
- The right to receive a printed copy of this notice

Our Health Information Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are required to abide by the privacy policies and practices that are outlined in this notice.

Our Rights to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request.

Requests to Inspect Protected Health Information: As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contracting the Company's CEO and Privacy Officer.

Complaints: If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have violated, you can contact the Company by sending a letter outlining your concerns to:

Privacy Officer: Barbara Belicia
WholePerson Therapeutics LLC
1000 Bridgeport Avenue, Ste. 306
Shelton, CT 06484

You may also file a written complaint with the Office of Civil Rights.

NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. The Notice contains a subscriber Rights section describing your rights under the law. You have the right to request that we restrict how PHI about you is used or disclosed.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. Signing this sheet also indicates that you have received a copy of our Notice of Privacy Practices on the date indicated. If you have any questions regarding the information set forth in our Notice of Privacy Practices, please contact Barbara Belicia, Privacy Officer at 203-636-0065

SUBSCRIBER REQUIREMENTS

The following constitutes an agreement between WholePerson Therapeutics LLC, the "Company" and/or "Person" undersigned subscriber.

DEFINITION:

1. SUBSCRIBER is the person or company subscribing to the program
2. PROGRAM group of services outlined in Exhibit A.
3. THERAPEUTIC SERVICES are services provided to subscriber that is a medical necessity
4. INSURANCE refers to health care insurance plans



PURPOSE OF THIS AGREEMENT: Outline the policy, terms and condition the program to the above individual and/or company subscribing to subscriber services. Subscriber package & on-boarding may include but not limited to:

- 1) Orientation for subscriber
- 2) Confidential OT Evaluation
- 3) Health & Wellness Assessment
- 4) Nutrition Assessment
- 5) Physical improvement program
- 6) Fitness training for office workers
- 7) Unlimited access to independently-guided meditation for Stress management
- 8) Access to on-site skilled physical and occupational therapy services
- 11) Monthly 15-minute chair massage
- 12) Administrative services (corporate subscriber only)

SKILLED THERAPEUTIC SERVICES: Are services deemed as medically necessary for maintenance of subscriber's quality of life.

SUBSCRIBER FEES: Fees are based on Subscriber customized package and may be changed at times. WholePerson Therapeutics reserves the right to increase fees at any time. Subscriber will be given a minimum of 45-day notice of any increase. Subscriber fees under a current contractual term obligation will not be affected for the duration of the contractual obligation.

METHOD OF PAYMENT: We accept visa, Mastercard, Amex, cash and checks. Fees may apply

SUBSCRIBER REQUIREMENTS, ALL ARE CONFIDENTIAL:

1. Completion of Subscriber online sign-up process.
2. Signed Waiver and Release of Liability
3. Completion of Nutri-physical assessment
4. Completion of TLS assessment
5. Signed acknowledgement for receipt of privacy policy
6. Signed consent for program participation
7. Select Subscriber program

TERMINATION POLICY: The subscriber understands that to terminate a subscriber, notice must be submitted 3-days prior to billing on the first of the month. Should notice be provided later, subscriber will be billed for the upcoming month with no refund.

Subscriber responsible for all dues and charges, in full, upon termination.

Medical or emergency related terminations may be given special consideration by WholePerson Therapeutics.

GRATUITY: Although gratuity is not required, traditional rate ranges from 18-25%. Cash only gratuity paid directly to the massage therapist.



FREEZE POLICY: Subscriber may be frozen for a minimum of 1-month and a maximum of 3-months. All Subscriber dues must be paid in full before Subscriber can freeze account.

Conditions for freezing account: Loss of employment, significant decline in medical condition prohibiting participation in physical activities, job relocation.

APPOINTMENT POLICY: Cancellations: please call 24 hours in advance to cancel any type of appointment

AMENDING OF THIS AGREEMENT: WholePerson Therapeutics reserves the right to amend this subscriber agreement prior to notifying the Subscribers.

UNAVAILABILITY OF FACILITY OR SERVICES: I understand, agree, and accept that a service on the premises may be unavailable at any particular time due to mechanical breakdown, fire, act of God, loss of lease, catastrophe, bi-yearly maintenance of the facility or any other reason. Further, I agree not to hold WholePerson Therapeutics responsible or liable for such occurrences.

DAMAGE TO FACILITIES: I agree to pay for any damages I, or my guests may cause to the facilities through careless or negligent use.

ATTIRE: Appropriate activity clothing is required based on the activity in which the subscriber is participating.

BEHAVIORS: Harassment of any kind, aggressive behaviors, and/or abusive language will **NOT** be tolerated. WholePerson Therapeutics reserves the right to suspend or terminate any subscriber for non-compliance with this policy.

BUSINESS HOURS: Monday 11am-6pm, Tuesday-Thursday 9am-5pm, Friday 8am-1pm. Appointments are required for use of office prior to or after business hours.

RULES AND REGULATIONS: Subscriber agrees to abide by all WholePerson Therapeutics LLC rules and regulations, written and unwritten, posted and not posted, issued orally, published in a newsletter, posted to the Website, or email. These rules may be amended from time to time at WholePerson Therapeutics discretion.

ASSOCIATION

The undersigned Company (the subscriber), hereby indicates their desire to become a subscriber of WholePerson Therapeutics Club 1000, pursuant to the terms and conditions of this subscriber agreement. This agreement allows Subscribers access to all services, events, classes and socials at WholePerson Therapeutics at subscriber rates.

SUBSCRIBER DUES

The signor of this agreement understands they are the primary contact for all subscriber related communication and decision making. Rates quoted are introductory monthly dues and may change at the end of 12 months. Monthly payments will be automatically charged to the authorized debit or credit card on file.



CONFIDENTIAL MEMBER COPY