



Corporate Compliance Guide



PHYSICAL THERAPY
& SPORTS MEDICINE
CENTERS

PT *for life*
A PTSMC
affiliate



Welcome to the PTSMC Corporate Compliance Program Guide.

Our focus is on fostering a workplace culture built on integrity and ethical conduct. PTSMC upholds honesty and integrity in all aspects of our operations, relying on employee commitment to our mission and values. This guide sets the standards for PTSMC employees, volunteers, and contracted personnel.

We are dedicated to delivering high-quality care while safeguarding patient privacy and ensuring fair business practices. Our long-term success stems from promoting strong professional ethics and internal growth. Committed to our mission, we strive to enhance people's lives through unmatched experiences, clinical excellence, and lifelong relationships with our patients and employees.

PTSMC leaders fully support and demonstrate the compliance program. As a PTSMC employee, your active commitment to compliance and our shared values is vital as a team member. This guide provides the foundation for building trust with our patients, fellow employees, and the communities we serve. Together, we uphold the highest standards in patient care and business practices.

A handwritten signature in black ink, appearing to read "AB", is positioned above the name and title of the signatory.

Alan Balavender, PT, MS
President, PTSMC



"This guide provides the foundation for building trust with our patients, fellow employees, and the communities we serve."

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PTSMC Compliance Program

PTSMC maintains a Compliance Program that includes a system of policies to address topics such as preventing, detecting, and dealing with misconduct as it relates to fraud, waste, and abuse. PTSMC is committed to maintaining a working environment that expects employees and contractual personnel to conduct their daily affairs with integrity and in compliance with applicable laws.

PTSMC leadership includes senior leadership, clinic partners and directors and administrative directors who are committed to dedicating adequate resources towards development and maintenance of an effective Corporate Compliance Program.

The role of PTSMC's Compliance Program is to perform the following key functions:

- » Ensure updates to policies are communicated to all appropriate and affected employees and personnel.
- » Provide a process for employees and personnel to report perceived or potential wrongful conduct within the organization without fear of retribution.
- » Enforce standards.
- » Respond appropriately to non-compliance violations.

The policies in this document and other PTSMC policies are written in broad terms and are intended to serve as guidelines for situations that employees may encounter. No set of policies and procedures can be drafted to cover every potential situation that employees and personnel might face during the day-to-day operations of PTSMC. Situations will arise that are not addressed by these documents.

Overall, PTSMC's Compliance Program plays a crucial role in promoting and maintaining a culture of compliance within the organization.

PTSMC Compliance Board of Directors includes:



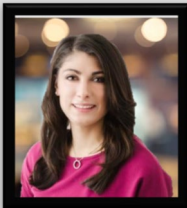
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Two Appointed PTSMC partners who fulfill a 2-year term

The board meets, at a minimum, biannually and more frequently if a concern arises. The board's role is to address compliance violations, disciplinary actions, employee adherence to policies and to improve internal compliance standards.

Compliance Planning

The Compliance Officers develop an annual plan for monitoring and auditing specific standards, policies, procedures, and legal requirements. In developing the plan, the Compliance Officers take into consideration any changes to the policy of local, federal, and of private insurance carriers, and provide education of the changes.

At any time, communication of policy changes can occur via email and through formal training. It is the employee's responsibility to review any communicated materials and comply. If communication or training is unclear, please ask questions.

Encourage Asking Questions

Employees and personnel are encouraged to ask any questions. An employee may ask questions of their director, PTSMC's senior leadership or a compliance board member. In fact, employees have a duty to keep asking questions until they are satisfactorily answered. If an employee ever feels a superior's orders violate applicable laws or policies, immediately contact a member of the Compliance Board or senior leadership.

Compliance Training

In the first 30 days of employment, training is provided that pertains to the employee's role in complying with PTSMC policies. Federal training requirements, such as HIPAA, will be completed during the orientation process and annually reviewed by all employees. On a quarterly basis employees will be required to review standards and updates made to policies.

Employees are not expected to have expert knowledge of all legal and regulatory requirements that may apply to their activities. When in doubt, the right course is to raise questions with appropriate leadership before taking any questionable action.

Employees Responsibility to Report

All employees have a responsibility to report any known or suspected violations promptly. This includes violations of laws, regulations, PTSMC policies, or any concerning conduct. When making a report, it is important to only share the information with the relevant PTSMC leadership handling the matter and refrain from discussing it with others.

Employees may not engage in conduct that violates applicable legal requirements or PTSMC policies even if instructed by their superiors. Violating these standards is considered a violation of PTSMC policy and subject to disciplinary action if they do so. If an employee is uncertain or questions whether conduct might violate legal requirements or PTSMC policies, the employee should refrain from taking any questionable action and promptly consult with their direct supervisor, senior leadership, or a Compliance Board Member.



Reporting

Employees who report a compliance incident may report in person, by telephone, in writing, or email: to the Corporate Compliance Officer, Clinical Compliance Officer, a compliance board member, a supervisor or utilize the PTSMC reporting platform.

Confidential Reporting

It is often helpful (but not required) for employees reporting a compliance incident to provide their identity, in the event further information or clarification is needed. PTSMC is committed to upholding the highest level of confidentiality during compliance incident investigations. It is important to note that absolute assurance cannot be provided regarding the non-disclosure of the reporting employee's identity.



Anonymous Reporting

Employees who wish to report a compliance incident anonymously to the Compliance Officer and Clinical Compliance Officer, may do so by sending an anonymous letter or utilizing the online platform (<https://ptsmc.com/reporting-compliance>). When reporting anonymously, please be sure the report contains sufficient information including location of concern, the date of the incident, name of individuals involved and a detailed description of the reporting incident. Including the requested information in the report will allow for a thorough and fair investigation of the compliance incident.

No Retaliation & No Intimidation Will Be Tolerated

No employee will encounter retaliation or disciplinary action for asking questions or reporting concerns observed in the workplace. PTSMC does not tolerate retaliation against any individual who reports an incident or participates in the investigation in good faith.

PTSMC will not tolerate any direct or indirect efforts by an employee to cover up or impede a compliance incident: for example, withholding information, fabricating an inaccurate or misleading version of the facts, creating misleading documents, altering or destroying records or other such deceptive conduct. An employee's submission of a false report or misleading report can result in disciplinary action, including termination.

Failure to Report or Misleading Report

Employees are expected to cooperate with any investigation related to a compliance incident. Failure to report a known compliance incident itself is a violation of PTSMC policy and can be subject to disciplinary action, including termination where appropriate.

Handling Compliance Incidents

All reported compliance incidents will be directed to the Corporate Compliance Officer or Clinical Compliance Officer for review and to ensure appropriate actions are taken. Further consultation may include the President, compliance board, and clinical leadership. Addressing a compliance incident may involve complex legal actions and policy considerations that are handled by senior personnel. Employees should not attempt to investigate or act on their own, as those efforts may hinder the ability for PTSMC compliance personnel to investigate, address the matter appropriately, and take the best responsive action.

Once an issue is identified, it will be recorded and investigated for a timely resolution. Decisions regarding the incident are based on a comprehensive review of all relevant facts and circumstances. In order to expedite the resolution of such matters, it is crucial for individuals to actively cooperate with PTSMC. It is important to note, fulfilling these obligations during an investigation does not guarantee immunity from potential disciplinary action for the employee.

**Disciplinary action specifics can be referenced in PTSMC Discipline Policy.*

New Employees

Training & Assessing Knowledge

During the start of employment, all new employees are educated in complying with federal and state laws through multiple training sessions. The direct supervisor is responsible for ensuring these standards are being met during the probationary period. If any concerns arise the new employee will require retraining and continued monitoring by their direct supervisor.



New Employees Training within first 90 days will include:

- *Orientation of the PTSMC culture, policies, procedures, and systems.*
- *Role-Specific Training covering the skills, knowledge, and tools to perform the job effectively.*
- *Compliance Training to review relevant regulations, laws, and policies applicable to the employee's role.*
- *Performance Assessment to evaluate the ability to carry out functions effectively and in compliance with standards.*
- *Retraining or additional education to support continuous improvements.*

Employee Medical Records

All clinic-based and employer services employees are required to have Tuberculosis screens. All clinicians and athletic trainers are required to show proof of Hepatitis B vaccine or titer. All employee medical records are stored separate from an employee's personnel file and remain confidential.

Inappropriate Relations

PTSMC expects all employees and contractual personnel of PTSMC to conduct themselves in an ethical, legal and professional manner with patients and with other employees. Romantic or personal relationships with patients during the course of treatment are considered unethical and should not occur. Romantic relationships between employees at the same workplace are strongly discouraged as it may create a conflict of interest or compromise the professional environment. It may result in necessary transfers to maintain a comfortable work environment for other staff members.

Medical Documents

Recordkeeping & Retention Policies

Patient medical records must meet the requirements of the applicable laws, regulations, and accreditation standards (for example CT PT Practice Act, Medicare/Medicaid) in compliance with documentation standards and for retention.

PTSMC requires honest and accurate recordkeeping and reports. All patient records, accounts and financial statements are to be maintained in reasonable and accurate detail and in electronic or written forms during the required retention period, set by federal and local law. PTSMC stores and saves all medical records based on State and Medicare/Federal regulations, and longer if the patient is less than 18 years of age.

Privacy Program

Patient Privacy

PTSMC employees have access to information involving the patients we serve. PTSMC is committed to maintaining this legal right of privacy for our patients. All patient medical records must be kept confidential and only authorized personnel may have access to them

Employee Role in Patient Privacy

Employees must uphold patient confidentiality and comply with HIPAA regulations. If they learn additional patient information unrelated to their role, they must still maintain confidentiality. Discussion about patient information requires consent from individuals listed on the HIPAA release or verbal consent in the patient's presence. Verbal consent should be documented in the patient chart. When no consent is provided, information cannot be disclosed.

Q: If a patient's friend, not listed on the consent form, accompanies them to an appointment do discussions about the patient's health require their verbal consent?

A: YES! Employees must not engage in conversations about other patients in the facility or community, ensuring confidentiality.

Exceptions include cases of imminent harm or abuse victims, where disclosure may be necessary to protect the patient. In life-threatening emergencies, sharing critical patient information with Emergency Medical Services (EMS) is acceptable. Inform your supervisor, a compliance officer and file an incident report in these cases.

Information Security & Privacy

All PTSMC employees should be familiar with the policies regarding email, internet as well as use of company and personal electronic devices, used for communication and patient care.

PTSMC requires employees to use passwords, encryption, and other security measures to protect work-related devices, documents, and communication channels. PTSMC is committed to protecting patient health information and adhering to all applicable privacy, HIPAA, and security rules. Employees are expected to utilize all reasonable means to prevent unauthorized access to PTSMC information and patient data.

All email, voicemail and personal files stored or maintained on PTSMC equipment are company property. Employees should have no expectation of personal privacy in connection with information stored on a PTSMC device or servers.

Any non-PTSMC owned devices used for accessing patient and PTSMC corporate information are required to have active, current antivirus software and comply with established PTSMC technology standards. The PTSMC Technology Use Policy is required to be reviewed and signed prior to the employee's start for those who bring their own devices or are provided with a PTSMC owned device.

Standards of Care

Monitoring & Auditing

To ensure compliance with law and policy, PTSMC shall perform periodic audits as directed by PTSMC leadership and Compliance Board. All patient service staff and clinicians are chart audited to ensure the charts meet PTSMC standards. All audits shall be performed with reasonable methods for selecting random samples. Any allegations, or notification of alleged improper conduct, or violation of policy or law, will warrant additional audits to review the matter. The audits include a gathering of factual and objective information, by an interview and/or a random review of preselected documents and files.

PTSMC will devote the necessary resources to ensure that the audits are:

1. Adequately staffed.
2. Performed by persons with appropriate knowledge and experience to conduct the audits.
3. Utilizing audit tools and protocols, which are periodically updated to reflect changes in applicable laws and policies.



Accounting Policy

It is the policy of PTSMC that appropriate internal controls and best practices in accordance with generally accepted accounting principles, be utilized in the handling, receiving, safeguarding, transporting, depositing, and the accounting of all company cash and cash equivalents; checks and credit cards.

Handling Payments

PTSMC employees that handle cash and cash equivalents must have both an awareness of and a commitment to strong internal controls. Internal controls encourage safeguarding of company funds, promote accurate financial reporting, prevent mishandling and loss of funds, and protect employees from allegations of impropriety. Appropriate internal controls include the segregation of duties, safekeeping of cash, prompt deposit and recording of all cash receipts, and accurate recording of payment into the Company's billing system. In order to minimize cash and cash equivalents handling, PTSMC's preferred method of receiving payments is via debit or credit card and should be encouraged where feasible



Safeguarding of Assets

The following policies must be followed when handling payments received:

- All cash and checks on hand will be placed in a locked cabinet or drawer with limited access.
- Any check amount over \$500 should be deposited within one business day.
- All checks and money orders should be made payable to PTSMC and should be restrictively endorsed at the time of receipt with a "For Deposit Only" stamp provided.
- All payments received from a patient should be accompanied by a receipt.
- Access to cash and checks shall be restricted to as few individuals as possible.

Prompt Deposit of Cash & Checks

- Cash and Checks will be deposited at least two times per month, including at the end of each month to ensure proper posting and reconciling.

Separation of Duties

Where practical:

- The responsibility of receiving cash and cash equivalents, depositing and reconciliation must be separated and performed by different individuals.
- No single person shall have control over the entire cash handling process of receiving the cash, posting the cash, preparing the bank deposit and physically taking the cash to the bank.

Accounting & Reconciliation

- All payments received shall be reconciled to the billing system daily.
- Credit cards, checks and cash shall be posted to the patient's account at the time of the visit.
- Credit card batches shall be closed out and reconciled daily.
- Bank accounts will be reconciled timely each month.

If there are discrepancies or issues regarding received and deposited payments that cannot be resolved, promptly report this to your supervisor and a member of the accounting department.



Clinician Responsibilities

License & Credential Policy

PTSMC follows Connecticut state law for all state license and temporary permit requirements and obligations. PTSMC follows rules set by federal and payer organizations.

Clinicians with professional license name change, shall contact a Human Resources department staff member within 3 business days.

Clinicians are required to ensure that professional licenses are renewed and updated in a timely manner. If at any point, there is a lapse or adverse changes in licensure contact the Director of Human Resources and your supervisor immediately. An adverse change can include but not limited to sanctions, inquiries from local, state, federal, licensing, or credentialing agencies.

Exclusion Statue

The Exclusion Statue is a section under the Office of Inspector General (OIG) which excludes certain clinicians from participation with all federal healthcare programs and suppliers convicted of patient abuse, neglect, healthcare fraud or misconduct with controlled substances. PTSMC personnel regularly check the exclusion list to ensure that PTSMC clinicians are in compliance with participation requirements for federal healthcare programs.

Prior to the hiring process and during time of employment if a clinician is included in the Office of Inspector General exclusion list, that employee cannot participate in federal healthcare programs (Medicare) and can be grounds for termination.



Clinical Documentation

The Clinical Compliance Officer, and Senior Auditor will ensure documentation, billing and coding standards are met by regular audits for clinicians, a minimum of 4 charts a year.

Daily documentation is expected to be completed within 3 business days of the patient visit. Those with excessive delinquencies may be subject to disciplinary actions. Any falsification or alteration (without appropriate notation) of medical records is prohibited. If falsifications or inappropriate alterations are discovered, anyone aware of such facts should immediately contact the Clinical Compliance Officer.

For more information, please reference PTSMC's Standards of Documentation

Billing & Coding

PTSMC complies with practices for coding and billing in accordance with the federal government, payer policies, and regulations. Our Clinical Compliance Officer will provide annual review as well as education or updates to these policies. Clinicians are required to submit proper and accurate claims for applied services. Auditing and monitoring of coding and billing are performed in accordance with the documentation audits.

Employees are not to engage in any activities that involve falsifying services, allowing known up-coding or unbundling of rendered services, or any other improper billing practices aimed to increase reimbursement. PTSMC will not compensate or incentivize employees to improperly submit enhanced claims.



Record Privilege Policy

PTSMC is entitled by law to keep certain documents confidential, even when sought by an opposing party in a legal proceeding. Such documents are commonly referred to as “privileged”. PTSMC’s policy is to maintain the confidentiality of privileged documents.

Privileged & Otherwise Protected Documents

To maintain the privileged nature of a document, the rules defining the privilege must be strictly observed. One rule common to all privileged documents is they must be kept confidential from third parties. If an otherwise privileged document is shared with a third party, the privilege is lost forever. Such documents are not to be shared with any person without approval from the Corporate Compliance Officer.

There are several types of protection against disclosure, including the attorney-client privilege, the work product doctrine, and the self-evaluation privilege, defined below.

- The attorney-client privilege applies to confidential communication between a PTSMC client and the clients’ attorneys.
- The work product doctrine protects documents prepared in connection with, or in anticipation of litigation that reflect legal strategies and attorney thought processes.
- The self-evaluation privilege documents may include compliance audits or similar documents.

Q: If a patient experienced an injury in one of our facilities, would the associated incident report be a protected privileged document?

A: Yes, the incident report would be a protected privileged document, in the event litigation is pursued.

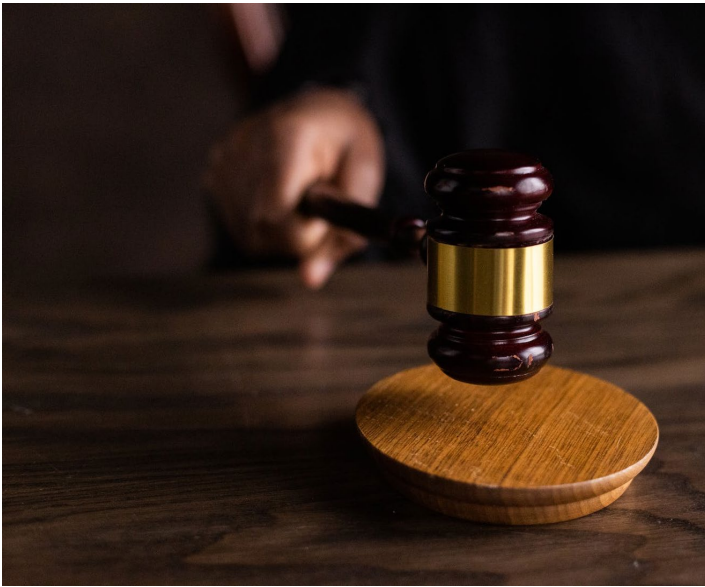
Statements & Schemes to Defraud

Employees are expected to conduct all PTSMC business and associated business activities with fairness, integrity, and in the absence of deception or fraud. This encompasses both an employee making knowingly false oral or written statements themselves and soliciting other employees to do the same during an official report or application.

This includes situations where an employee solicits or encourages other employees to engage in such behavior. These policies include communication with any federal, state, local or foreign government officials or agencies.

It is improper to make false statements or conceal material facts during daily business affairs or during an investigation. This type of conduct may constitute a civil or criminal offense punishable by fines and/or imprisonment. Likewise, employees should not engage in any scheme to defraud PTSMC, or associated businesses out of money, property, or other services or to wrongfully withhold or misappropriate the property belonging to PTSMC or its associated entities.

Overview of Laws and Regulations



There are many laws and acts governing healthcare compliance. The Corporate Compliance Officer and Clinical Compliance Officer are responsible for supervising the handling of all inquiries and investigations by any federal, state, local, or other governmental or regulatory authority. PTSMC intends to cooperate with any lawful inspection, audit, or investigation while protecting the interest of our employees. If an employee receives an inquiry for information or documents pertaining to PTSMC activities from a governmental or regulatory representative, by formal or informal manners (in writing, over the telephone or by way of a visit to a PTSMC facility), the employee should:

Inform the governmental or regulatory representative that the matter must be referred to the Corporate Compliance Officer,

AND

Immediately thereafter notify the Corporate Compliance Officer of receipt of such inquiry.

If the Corporate Compliance Officer cannot be reached, contact the Clinical Compliance Officer.

False Claims Act (FCA) & Civil Monetary Penalty Law (CMPL)

FCA is a federal law that prohibits submission of false or fraudulent claims or records to a beneficiary's insurance plan. CMPL is a violation to those who engage in known unnecessary or fraudulent claims to Medicare and Medicaid programs, under the Office of Inspector General. Any employee misrepresenting a claim or item that violates these laws can result in criminal penalties, and up to \$100,000 fine and employee termination.

Stark Law

The Physician Self-Referral Law, commonly known as Stark Law, prohibits physicians from referring Medicare or Medicaid patients to providers in which they (or their immediate family

members) have a financial interest. While there are exceptions to this law, failing to meet an exception means that any referral made by an affected physician is considered improper, regardless of whether the financial arrangement was intended to induce referrals.

In cases where a physician or their immediate family member is entitled to receive anything of value from PTSMC or a related entity (such as investment income, rent payments, service compensation, debt repayments), it is crucial for employees to notify a Compliance Board member before entering into any such arrangement. The Compliance Board will then assess the permissibility of such an arrangement.

Violation of the Stark Law can result in penalties of up to \$15,000 for each service, the obligation to refund illegally collected amounts, and potential exclusion from federal programs.

Q: What is an example of the Stark Law?

A: When a referring physician seeks to rent space at a rate higher than the market rate in a building he owns, with the promise of providing monthly referrals to PTSMC. This would need to be reviewed by the Compliance Board.

Anti-Kickback Statute

The Antikickback Statute is a criminal offense to accept payments knowingly and willfully, offers, or referral services for personal benefit from a federal healthcare program. At PTSMC, we are committed to fully complying with this statute and ensuring that our business practices and potential referrals align with regulatory sanctions.

It is important to note that the Antikickback Statute applies to a broader range of individuals, not just physicians. Any arrangement intended to induce referrals, even without direct ties to the volume or value of referrals or explicit agreements, can violate this statute.

To navigate these regulations, we have established a compliance board that evaluates any proposed arrangements involving the provision of value to individuals who may influence referrals. It is crucial to consult the compliance board before engaging in such activities to ensure compliance.

Violations of the federal Antikickback Law can lead to serious consequences, including imprisonment for up to five years, fines of up to \$25,000, and the loss of Medicare/Medicaid provider status.

Continued Laws & Regulations

Examples of certain types of arrangements that should be avoided include the following:

Referral Agreements:

Any oral or written agreement of any kind, under which a non-employee of PTSMC agrees in any manner to utilize, order, or refer company services, even if limited or confidential in nature, is inappropriate.

Gifts:

PTSMC follows the IRS rules as it pertains to gifts.

Gifts outside of the allowed annual IRS limit, to physicians or other parties for influence of company services are not appropriate under any circumstances.

Threats of Reprisals:

It is not appropriate or acceptable to attempt to coerce physicians or other parties who are able to influence utilization of company services by threatening to withhold, terminate or modify any existing or prospective contract, agreement, or other arrangement for economic benefit.

No Surprise Act's Good Faith Estimates

PTSMC complies with the federal law of the No Surprise Act's Good Faith Estimates. In doing so we provide each patient with an estimated cost for items or services.

Patient Inducements:

Patients may not be offered direct or indirect financial or other incentives to utilize company services. Allowable gifts, marketing, or promotional items (i.e.: mugs, pens, tee shirts, NO cash.) may be given to patients. Gift value and total annual gift value guidelines are reviewed annually and are based on recommendations from outside experts.

Waiver of Deductibles, Co-Insurance or Co-Payments:

Under most circumstances, it is illegal to waive deductibles, co-insurance or co-payments by a person or facility under the Medicare and Medicaid laws as well as other insurance policies. Therefore, co-insurance, co-payments and deductibles may not be waived, and patient bills may not be otherwise reduced unless in accordance with written PTSMC policies.

Vendors & Business Practice

We carefully select quality items, and do not do business with vendors that engage in deceptive behaviors, known unlawful or unsafe practices. PTSMC does not provide data, or kickbacks or other forms of business gains to any outside vendors or contracted sources.

All outside vendors and contracts whose functions or activities include working with or possible exposure to protected health information are required to sign a Business Associate Agreement (BAA) prior to working for PTSMC.

An example is a vendor PTSMC has a BAA with the EMR company that house PTSMC patient information.

Conflicts of Interest

PTSMC expects partners, employees, vendors, and volunteers to avoid any activities that may involve a conflict of interest. A conflict of interest is when a person's private interest interferes or appears to interfere with any of PTSMC's business interests. If employees have any questions or concerns regarding whether an outside activity could potentially be a conflict of interest, they should reach out to their direct supervisor, Compliance Officer, or Director of Human Resources for guidance.

For example, a PTSMC PT considers opening her own private PT practice. Some of her PTSMC patients express interest in receiving services from her private practice. The PT discloses this potential conflict of interest to her supervisor and seeks guidance from the Compliance Officer. After discussing the matter, it is determined that opening her own private practice would be a conflict of interest.

Solicitation

PTSMC does not solicit employees and patients on property grounds. Any recognized solicitation or material distributions in or around the clinics must be approved prior by the direct supervisor. If uncertain, contact the Corporate Compliance Officer.

Examples of acceptable employee-to-employee solicitation include asking colleagues to help organize an event for another employee (i.e., birth, promotion, retiring) or support for a cause (i.e., charitable marathon, or scout's fundraiser). We prohibit solicitation that can be seen as offensive, forced, or harassed to support fundraising or collections. PTSMC does not support fundraising for personal profit such as used cars or household items.

Patient Care

Our priority is to provide our patients with the “PT for Life” experience. This includes high quality of care, concern for our patient’s well-being, comfort, and available services. We do not make distinctions for care based on the limited list of age, gender identity, disability, race, color, national origin, sexual preference/orientation, or socioeconomic status. The services we provide are to be clinically appropriate. We respect the patient’s right to make informed decisions and their right to choose their clinical support team members.

Length of Patient Course of Treatment

The length of a patient’s course of treatment is to be based on clinical considerations. PTSMC employees should not attempt to influence each other regarding the length of a patient’s course of stay solely for the purpose of improving PTSMC’s daily treatment census, reimbursement, or any other reason unrelated to clinical considerations.

Early Termination of Patient Care

In situations where early termination of patient care becomes necessary, such as in cases of profane behavior, sexual aggression, or rude and disruptive conduct from a patient, our clinicians have the right to discontinue direct patient care for non-medical reasons. While the Connecticut Department of Public Health doesn’t mandate a specific minimum notice period for termination, PTSMC recommends providing 30 days’ notice to the patient, unless there is an immediate danger. Clinicians should consult with their clinical director and Clinical Compliance Officer to ensure proper handling of the situation.

Treating Family Members

The AMA Code of Medical Ethics states that clinicians should not treat or bill themselves or members of their immediate family. Close family members of PTSMC are required to be treated by a non-family member.



Authorize Treatment

Power of Attorney

In situations where individuals over the age of 18 are unable to make healthcare decisions, for example, a patient with progressive Alzheimer’s disease, a medical power of attorney is granted through a legal process and the use of a Durable Power of Attorney document. In such cases, it is necessary to have the consent to care signed by the appointed individual who has the legal authority to make decisions on behalf of the patient and proof of this right. This ensures that the patient’s best interests are upheld and that decisions regarding their healthcare are made by someone with the legal capacity to do so.

Underage Authorization

Under the policy of underage authorization, it is required that parents, guardians, or court-assigned custodians provide authorization for medical treatment and services for a child.

It is important to note that there may be exceptions to this policy in cases related to mental health, substance abuse care or in the case of emancipation, outlined by Connecticut Medical Treatment for Minor guideline.

Please contact the Clinical Compliance Officer with inquiries on exceptions or special situations pertaining to authorized consent.



Child, Elder & Disabled/Vulnerable Adult Abuse Reporting

All incidents of suspected abuse (not limited to physical, financial, and mental) of the population's child, elder or of the vulnerable/disabled population, are to be reported by the clinician. State mandated reporting for child abuse (those under 18 years of age) is required by the clinician within 12 hours from suspicion to the Department of Child and Families and elderly abuse (those over 60 years of age) within 72 hours from suspicion to Protective Service for the Elderly. The clinician should take the following steps:

1. *Notify your direct supervisor of the suspicious report*
2. *Report to the appropriate agency or authorities*
3. *File an Incident Report to maintain records that the issue was reported.*
4. *Inform the Clinical Compliance Officer that the Incident Report was created*
5. *Document in the non-medical record section of the chart*

The employee should not take any investigative action and does not have to be 100% certain of the abuse or have evidence. Failure to report will result in fines and potential imprisonment. Knowingly falsifying reports will also result in fines and imprisonment.

Department of Child and Families 800-842-2288

Protective Services for the Elderly 888-385-4225

Reporting of Intimate Partner Abuse

Clinicians are not mandated by Connecticut law to report domestic violence, unless a firearm is reportedly used. However, it is recommended by the Connecticut Department of Public Health that it is in the patient's best interest, to assist the victimized patient to connect with certified advocates at Connecticut Safe Connect. The clinician should document in the chart patient facts such as statements, physical examination, observed behaviors and referrals. In PTSMC EMR it is best to document this information in the chart note section, as the suspected abuser may have accessible rights to the case records.

Connecticut Safe Connect 888-774-2900

If you witness concerns of abuse, neglect, disturbing behaviors, or any other patient care standards mentioned in this section, please contact the Clinical Compliance Officer to ensure the appropriate course of action is taken.





Clinical Excellence in Public Forum

Research & Intellectual Property

We encourage research and advancing one's clinical knowledge at PTSMC. If an employee prospectively or retrospectively collects data for clinical research opportunities, an employee must complete the following steps:

1. Discuss clinical research goals with the clinic director
2. Outline a research plan and review it with Director of Clinical Excellence and Clinical Compliance Officer
3. Obtain Institutional Review Board (IRB) application approval prior to collecting data, unless the study design is of a case study or case series
4. Review materials before submitting for publishing with the Director of Clinical Excellence

The IRB is a federal administrative agency established to protect the rights and welfare of human research subjects during research activities. After obtaining IRB approval, all collected or shared patient data is to be de-identified. Failure to comply will result in consequences determined by the Clinical Compliance Officer and federal reporting standards.

PTSMC adheres to applicable intellectual property laws. With respect to intellectual property, journal publications, copyright books, and other applicable resources in connection with PTSMC patient or employee data, must be properly licensed and copyrighted under PTSMC.

Representing PTSMC

Speeches & Conferences

All employees are encouraged to actively participate at events of industry and professional associations. Prior to representing PTSMC in a public forum, all materials must be approved by both the employee's director and the Director of Marketing. Additional review and approval of these materials may be required by the President, Vice Presidents, or Director of Clinical Excellence.

Sales & Marketing

PTSMC is committed to performing business with integrity and honest practices. We follow the Truth in Healthcare Marketing Act that ensures all information published (marketing materials, advertisements) is accurate and does not mislead or deceive those seeking our services. PTSMC accurately informs the consumers of the clinicians' qualifications, training, and licensing. All promotional, marketing materials or digital media used to educate the public and communities, improve referral sources, community awareness and recruitment of employees must be approved by the Director of Marketing prior to any distribution.

Political Activity

We do not use PTSMC revenues to support directly or indirectly political activities or campaigns. An employee may not solicit political contributions from their colleagues or our patient community.



Social Media

PTSMC has established the following social media policy as a guide to help navigate the “Do’s and Don’ts” of engaging with social media. This policy provides employees with guidance to embrace social media in a positive way and confidently share across their networks.

PTSMC Social Media Policy refers to all current and future forms of electronic social communication and interaction such as Facebook, Instagram, Tik-Tok, LinkedIn, Blogs and any other tools or services that facilitate interactions over the internet. This policy applies to all social media use, whether it is during working or non-working hours. All social media use must comply with PTSMC company policies, especially anti-harassment, confidentiality, and codes of conduct.

When posting and engaging with social media be sure to:

1. Protect company and patient information
2. Identify your opinions as your own
3. Be aware that your online communications are permanent
4. Avoid online arguments
5. Engage with and share PTSMC sponsored posts within your network if you choose to do so



Exercise Good Judgement & Common Sense

Exercise good judgment and common sense online. Personal accounts are public, and visible to patients and potential patients. Avoid online arguments and behavior violating company policies. Remember that posts are permanent, so be respectful when interacting with others. Never share protected company or patient information without approval from marketing and a completed social media release form. Inappropriate online communications can damage the brand and violate legal or regulatory policies. Obtain specific permission from the Director of Marketing before publishing PTSMC-related materials on social media or other outlets. This includes news releases and media appearances.

Be Authentic

Employees must take care to represent their best self on social media through positive, honest, and authentic content. If referring to PTSMC in posts, be clear that you are a PTSMC employee and include hashtags that reflect your connection such as #PTSMC and/or #PTforLife. Employees may write about personal company experience and areas of expertise. Only those employees officially appointed by our Director of Marketing will have the authorization to “speak” through any social media site or public forums on behalf of the company.

Clinic Promotion

The promotion of a PTSMC clinic will be managed through the PTSMC social accounts. New ideas and content are encouraged! All PTSMC sponsored social media is to be determined and approved by a Marketing staff member

The creation of a PTSMC branded clinic page by employees is not allowed. Refrain from using PT for Life, PTSMC or Physical Therapy & Sports Medicine Centers in your handle name. Engaging and sharing PTSMC content must be done so through a personal account handle.

Allowed: Ron Swanson, RonSwansonPT, RonSwansonMiddletown

Not Allowed: PTSMC Middletown, PhysicalTherapyMiddletown, RonSwansonPTSMC, PTforLifeMiddletown

This ensures consistent branding and representation across all clinics and avoids complications with account management.

Concluding Compliance Message

PTSMC is committed to high standards of professionalism and integrity in patient care, education, and business-related activities. We expect our employees to maintain these standards while present in our facilities or representing PTSMC externally. Everyone in the PTSMC community is responsible for creating an inclusive environment where every person is valued and honored.

All PTSMC employees are expected to lead with professionalism by:

- Demonstrating integrity in the workplace
- Promoting a respectful and safe workplace environment.
- Advocating employees to ask questions
- Exhibiting ethical practices in patient and business activities
- Complying with local, federal, and professional standards

Questions or Concerns

Active participation and vigilance in PTSMC's Compliance Program is encouraged. Employees are encouraged to raise awareness about compliance, and ethical issues. All employees are permitted to report any conduct believed to be in violation of local, federal or PTSMC policies.

PTSMC's leadership maintains an open-door policy and wants to let you know they encourage employees to bring forward questions or concerns.

Mail:	Online Reporting:	Fax Number	Phone Number
Compliance Officer 47 North Main Street West Hartford, CT 06107	https://ptsmc.com/reporting-compliance	860-409-4860 To The Attention: Clinical and Corporate Compliance Officer	Sandy Wickman Mason Corporate Compliance Officer 860-409-4595 Ext 308 Melissa Boutagy Clinical Compliance Officer 860-409-4595 Ext 311