



CLINICAL EXERCISE SPECIALIST MANUAL

A Fitness Professional's Guide
to Training People with
CHRONIC DISEASE

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**A FITNESS PROFESSIONAL'S GUIDE TO
EXERCISE AND CHRONIC DISEASE**

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CHAPTER 25

BUSINESS CONSIDERATIONS

By the end of this chapter you will understand:

- Types of business entities
- HIPAA regulations
- Social media
- SOAP notes
- Ethical considerations

Business Entities

Not everyone will open their own business, but health and fitness professionals need to understand the implications of business, ethics, and legal matters, particularly as we interact with other healthcare providers. For fitness professionals who wish to open their own business, a good place to start is by knowing the types of business entities. The type of structure will determine the taxes that need to be filed and liability ramifications (U.S. Small Business Administration [SBA], n.d.).

A sole proprietorship is easy to form but does not create a separate business entity, and therefore, does not protect an owner against liability claims because the business and the owner are considered the same. In other words, all business assets are considered personal assets and an owner can be held liable for any claims made against the business. This type of entity is appropriate for very low-risk businesses or if a business is just starting and wants to demonstrate a concept.

A limited liability company (LLC) provides personal protection from claims made against a company. It is easy to form, can be created by an individual or a group, and allows profits and losses from a company to be passed through to the personal taxes of the members without the need to file separate corporate taxes. However, if a member leaves, the LLC may need to be dissolved and a new LLC may

need to be formed. An LLC is good option for a business that involves some risk (such as a fitness studio), the owner(s) have some assets to be protected, and the corporate tax is too high.

A partnership is a cross between a LLC and a sole proprietorship. There are two partnerships types. A Limited Partnership (LP) has one general partner who takes on all of the liability, while a Limited Liability Partnership (LLP) protects each partner from the debts of the partnership and from each of the other partners.

A C Corp is a separate entity from the owners and provides legal protection for an owner's personal assets. Corporations pay taxes on their profits at the corporate tax rate, and again on the distribution of dividends. Funds can be raised through the sale of corporate stock and owners can leave by simply selling their stock. The cost to start a corporation is high and there is extensive legal paperwork.

An S Corp is similar to a C Corp, except the profits and losses are passed through to an owner's personal taxes. Not all states recognize or allow S Corps, but for States that do, there is a limit of 100 shareholders and all shareholders must be citizens of the United States.

There are other forms of corporations such as B Corps (benefit corp), closed corporations, non-profits, and cooperatives. A list of the salient points of each is in Table 25.1 (SBA, n.d.).

Table 25.1

Business structures in the United States

Business structure	Ownership	Liability	Taxes
Sole proprietorship	One person	Unlimited personal liability	Personal tax only
Partnerships	Two or more people	Unlimited personal liability unless structured as a limited partnership	Self-employment tax (except for limited partners) Personal tax
Limited liability company (LLC)	One or more people	Owners are not personally liable	Self-employment tax Personal tax or corporate tax
Corporation—C corp	One or more people	Owners are not personally liable	Corporate tax
Corporation—S corp	One or more people, but no more than 100, and all must be U.S. citizens	Owners are not personally liable	Personal tax
Corporation—B corp	One or more people	Owners are not personally liable	Corporate tax
Corporation—Nonprofit	One or more people	Owners are not personally liable	Tax-exempt, but corporate profits can't be distributed

SBA, n.d.

The Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA), enacted in 1996, provides continuous health insurance coverage, standardized the electronic transmission of transactions, and eliminated waste (Rouse, Biscobing, & Sutner, n.d.). Although HIPAA contains five sections, a CXS is most concerned with part of section 2 that includes the Standards for Privacy of Individually Identifiable Health Information, or the HIPAA Privacy Rule. The HIPAA Privacy Rule established laws and safeguards to protect the privacy of personal, identifiable health information. While most health clubs and personal trainers do not have to adhere to HIPAA regulations, in some instances, if CXSs collaborate with physicians, registered dietitians, physical therapists, or massage therapists they may have to adhere to HIPAA regulations (Larcom, 2018). A CXS who collaborates with a clinician and shares client information electronically must follow HIPAA regulations. Also, if any licensed clinician (physician, physician assistant, physical therapist, chiropractor, massage therapist, etc.) a CXS shares information with is considered covered under the HIPAA laws, a CXS must also comply (Larcom, 2018). Regardless, most clients appreciate the professionalism associated with the healthcare community and expect a degree of confidentiality. Some guidelines to consider under HIPAA are (U.S. Department of Health and Human Services, 2013):

- **Who/What is covered?**

- o Health Plans—Individual and group plans that provide or pay the cost of medical care are covered entities.
- o Health Care Providers and Providers of Services—Every health care provider and provider of medical or health services regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity. Transactions can include shared databases, emailed personal information, electronic billing, etc.
- o Business Associates—A person or organization, other than a member of a covered entity's workforce, who performs certain functions or activities on behalf of, or provides certain services to, a covered entity that involves the use or disclosure of individually identifiable health information.

- **What information is protected?**

- o The Privacy Rule protects all individually identifiable health information (defined as demographic information, past, present or future physical or mental health or condition, or the type of care provided or planned) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.
- o Other individually identifiable health information includes many common identifiers such as name, address, birth date, or social security number.

- **De-Identified health information**

- o There are no restrictions on the use or disclosure of de-identified health information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual.

- **Release of information**

- o Information may be released with a client's consent.
- o The authorization must include:
 - The name of the person or entity releasing the information.
 - The name of the person or entity to whom the information is being released.
 - A description of the information to be used or disclosed.
 - How the information will be used.
 - An expiration date or event.
 - An explanation of a patient's right to revoke the authorization needs to be included.
 - No blank spaces to be filled out by the provider can be used.
 - The authorization form must be in plain language.
 - The client's signature and date.
 - A copy must be provided to the patient.

Ensuring client confidentiality displays discretion and professionalism. Confidentiality also minimizes the risk of ethical misconduct or legal action. All client information should be kept in a locked cabinet or a password-protected computer, file, or cloud drive (Coors, 2015). Any discussion regarding clients, whether in person or electronically should be held in a private space, and information should only be shared with the client and any clinical professional from whom a release has been obtained.

Social Media

Social media has become both a tool and a hindrance for health professionals. Social media includes social networking, blogs, file sharing cloud drives, and print, photograph, or video web publishing. Posting pictures and videos of clients, workouts, and progress has become standard marketing practice. A social networking or blog post can reach millions of viewers and potential clients instantly, shared documents can be accessed by numerous users from anywhere in the world and before and after pictures, or workout videos can bolster engagement. However, for all the positive aspects of social media, there are risks, particularly when personal and professional accounts are mixed (Scruth, Pugh, Adams, & Foss-Durant, 2015).

One risk of using social media is the violation of HIPAA. Without prior consent, the use of any personal information to include, name, photographic or video likeness, or personal description can be considered a HIPAA violation. Documents shared via a cloud drive can allow for access and dissemination of personal information worldwide, and a blog post with written, personal descriptors may provide enough information to identify someone.

Another risk of social media is the instant scrutiny of controversial opinions, behaviors, or shared content. Political points of view are often considered contentious and may lead to vile debate. Behaviors that may be in conflict with the standards of a health and fitness professional, such as drinking alcohol, smoking, or indulging in unhealthy nutritional habits, may suggest a *do as I say, not as I do* attitude, and alienate potential clients and colleagues. Content shared from other sources such as memes or gifs

may be considered amusing to some, but others may find it inappropriate. When entering a virtual atmosphere, keep in mind professional standards cannot be negated, information presented should be unbiased and evidence based, and unsubstantiated assertions should never be made. Most importantly, do not record, in any form (written, video, photographic) anything you do not want made public or presented in a court of law.

SOAP Notes

A detailed, confidential file should be maintained on each client. The file should include a waiver, assessment information, workout records, a medical release when needed, a signed PAR-Q or Physical Activity Risk Stratification form, and any other pertinent information. In the event information needs to be shared with other clinical professionals, SOAP notes should be used to convey client information in a concise format. SOAP stands for subjective, objective, assessment, and plan (Blue Cross Blue Shield of Alabama, n.d.; Coors, 2015; The CHP Group. n.d.). The specific information for each section is listed below.

- Subjective—In a client's own words, what is the reason for the visit? In follow-up notes, any change of the original reason for the visit should be noted.
- Objective—What are the signs and symptoms that can be measured such as pain, movement dysfunction, vital signs, and anthropometric measurements?
- Assessment—What are the results of measurements taken and assessments performed? Any history relevant to the present condition should be mentioned. For example, if the client sprained an ankle 3 months ago, and has asymmetric weight shifting while performing a squat assessment, it is relevant and should be noted. Remember this is not a diagnosis, but a clear, concise statement of the findings while staying within the scope of practice.
- Plan—What course of action is suggested? Is the plan in the scope of practice of a fitness professional or does the client need to be referred to a clinical provider? The plan should answer the following questions and should be updated as the initial plan progresses:
 - o What is being done for a client and why?
 - o What is a client to do or not do and why?
 - o When will a client return and why?

In addition to the actual SOAP part of the document, the date, a client's name, date of birth, address, and contact information should be included. It may also be prudent to include information regarding adherence to the plan, missed appointments, and any other updates the provider thinks are important. A copy of an example SOAP note template can be found in [Appendix D](#).

Ethical Considerations

Every aspect of ethics should reinforce the responsibility of a CXS to provide safe, effective instruction within the scope of practice and is limited to the knowledge, skills, and abilities of a CXS. Every certifying organization has a code of ethics designed to provide guidance and set common ethical standards that promote uniform behavior. The following is a compilation of standards from a number of fitness

organizations (American College of Sports Medicine, 2005; American Council on Exercise, n.d.; National Academy of Sports Medicine, n.d.):

- Provide safe and effective instruction that is consistent with evidence-based science and medicine.
- Provide and maintain an environment to ensure client safety.
- Behave in a manner that merits the respect of clients, the public, and other colleagues.
- Treat every colleague and client equally with the utmost respect and dignity.
- Do not make false or derogatory assumptions concerning the practices of colleagues and clients.
- Use appropriate professional communication in all verbal, non-verbal, and written transactions.
- Establish and maintain clear professional boundaries.
- Maintain a level of personal hygiene appropriate for a health and fitness setting.
- Wear clothing that is clean, modest, and professional.
- Remain in good standing and maintain certification status by acquiring all necessary continuing education requirements.
- Stay up to date on the latest health and fitness research and understand its practical application.
- Maintain CPR certification and knowledge of first-aid services.
- Honestly and truthfully represent all professional qualifications and affiliations, and the limitations of expertise.
- Provide services consistent with the boundaries of knowledge, skills, and abilities, and do not provide services limited by state law to provision by another health care professional only.
- Refer a client to the appropriate medical practitioner when conditions fall outside the scope of practice of a CXS.
- Respect the confidentiality of all clients, colleagues, and health professionals, and safeguard confidences within the boundaries of the law.
- Maintain adequate and truthful progress notes for each client.
- Comply with all legal requirements in the applicable jurisdiction.
- Maintain adequate liability insurance.
- Accurately and truthfully inform the public of services rendered and qualifications to render such services.
- Maintain accurate financial, contract, appointment, and tax records.
- Comply with all applicable business, employment, and intellectual property laws.

Discussion and application

1. What are SOAP notes? Write a SOAP note for a current client.
2. Discuss the origin, the benefits, and the downside of HIPAA.

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