Carteret Community College Therapeutic Massage Program CONFIDENTIAL CLIENT INTAKE FORM

Name		Date	
Address			
CityPhone (Home)	State	Zip Code	
Phone (Home)	Phone (Work)	(cell)	
Occupation	Age	Birth Date	
Family Physician			
Do you have or have you had any o	of the following conditions?		
Arthritis (osteoarthritis)	Allergies	Ears	
Arthritis (rheumatoid)	Back Pain	Smoke?	
Gout	Joint Pain	Emotional	
Surgery	Muscle Pain	Hormonal	
Diabetes	Fibromyalgia	Urinary	
Broken Bones	Autoimmune Disorder	Lymphatic	
Birth Defects	Central Nervous System		ions
High Blood Pressure	Lung Disorder	Heart	
Contagious Diseases/Illness	Auto Accidents		
Stroke	HIV	Skin	
Eye			
	scribe		
(Females) Last Menstrual Period	(if applicable)	Pregnant?	
(1 chares) East Wenstraal 1 chod			
MEDICATIONS			
Which areas of your body you wou	ld like us to feeus on today?		
which areas of your body you wou	id like us to focus on today:		
Have you ever had a massage before	YES NO		
Is there any reason you SHOULD N		NO	
is there any reason you birochb iv	or have a massage: TES1		
The Notice of Privacy Practices is College Therapeutic Massage Clip protected. I have been given the consent.	nicals with respect to the client	's information and how client info	ormation is
By signing below, I am stating I h College's Therapeutic Massage Pr	· · · · · · · · · · · · · · · · · · ·	acy Practices of Carteret Commu	ınity
Client:	OR Notice Previou	sly Received	
(or authorized representative)		siy iteeeived	
(or authorized representative)			
	ne must wear underpants to receive eutic Massage Program will not a perform a therapeutic massage by yone under the age of 18 must he	diagnose any illness or disease. We accordingly. Consult a primary hea ave a parent or legal guardian prese	e will assess alth care ent with written

DATE _____

PLEASE TURN OFF YOUR CELL PHONES ...thank you!

SIGNATURE_

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW Therapeutic Massage Client INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

The Health Insurance & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical/dental records, and other individually identifiable health information used or disclosed by us in any form; whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the client, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your health records only for each of the following purposes: treatment, teaching and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health providers. An example of this would include therapeutic massage and related services.

Teaching means we may use your health information for teaching purposes. Your name will not be used.

Health care operations include the business aspects of running our student practicum, such as conducting quality assessment and improvement activities and customer service. An example would be an internal quality assessment review.

We may contact you to provide appointment reminders or information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We will call you by name while you are in our office.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request; except to the extent that we have already taken actions relying on your authorization, or we notify you in writing that the request cannot be honored.

You have the following rights with respect to your protected health information, which can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information: including, those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to received confidential communications of protected health information from us by alternative means or at alternative locations.

The right to amend your protected health information

The right to receive an accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information, and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of Nov. 1ST, 2010 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violation of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

For more information about HIPAA or to file a complaint:

The U.S. Department of Health &

Human Services

Office of Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201

Attention: HIPAA Privacy Officer (202) 619-0257 *Toll Free*: 1-877-696-6776

HIPAA CONSENT FORM

Before starting treatment, we want you to be aware that our treatment area is a relatively open arrangement. With this arrangement, efforts will be made to keep your health information confidential.

Examples of Disclosures for Treatment, Health Care Operations, and Instruction

- 1. We may use your health care information for teaching purposes. Your name will not be used.
- 2. We may leave a message on your answering machine/voice mail or with someone at your residence or work place to confirm a scheduled appointment or to make an appointment.
 - 3. We may use your information for treatment.

The client / therapist massage treatment session is certainly a unique, professional and confidential relationship, to say the least. The trust factor between client and therapist is paramount. We have always informed our therapeutic massage students to drape each client modestly, become active listeners, and to look, act and speak with utmost respect to all clients. Our students always perform therapeutic massage and nothing else.

Massage students and clientele must maintain a professional, courteous and respectful level of behavior, as follows:

Therapeutic Massage Code of Conduct:

- 1. Demonstrate commitment to provide the highest quality massage therapy/bodywork care to those who seek their student clinical service.
- 2. Acknowledge the inherent worth and individuality of each person by not discriminating or behaving in any prejudicial manner with students, clients and/or colleagues.
- 3. Demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness by continued student massage therapy training.
- 4. Acknowledge the confidential nature of the professional relationship with clients and respect each client's right to privacy within the constraints of the law.
- 5. Project a professional and courteous image and uphold the highest standards of professionalism.
- 6. Accept responsibility to do no harm to the physical, mental and emotional well-being of self, clients, massage therapy students and associates.
- 7. Refrain from engaging in any profanity, sexual conduct, sexual references or activities involving the client/therapist relationship.