

**Carteret Community College
Therapeutic Massage Program
CONFIDENTIAL CLIENT INTAKE FORM**

Name _____ Date _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (Home) _____ Phone (Work) _____ (cell) _____
 Occupation _____ Age _____ Birth Date _____
 Family Physician _____

Do you have or have you had any of the following conditions?

<input type="checkbox"/> Arthritis (osteoarthritis)	<input type="checkbox"/> Allergies	<input type="checkbox"/> Ears
<input type="checkbox"/> Arthritis (rheumatoid)	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Smoke?
<input type="checkbox"/> Gout	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Emotional
<input type="checkbox"/> Surgery	<input type="checkbox"/> Muscle Pain	<input type="checkbox"/> Hormonal
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Urinary
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Autoimmune Disorder	<input type="checkbox"/> Lymphatic
<input type="checkbox"/> Birth Defects	<input type="checkbox"/> Central Nervous System	<input type="checkbox"/> Special Needs/Accommodations
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lung Disorder	<input type="checkbox"/> Heart
<input type="checkbox"/> Contagious Diseases/Illness	<input type="checkbox"/> Auto Accidents	<input type="checkbox"/> Digestive
<input type="checkbox"/> Stroke	<input type="checkbox"/> HIV	<input type="checkbox"/> Skin
<input type="checkbox"/> Eye		

Other health issues – Please describe _____
 (Females) Last Menstrual Period (if applicable) _____ Pregnant? _____

MEDICATIONS _____

Which areas of your body you would like us to focus on today? _____

Have you ever had a massage before? YES NO
 Is there any reason you **SHOULD NOT** have a massage? YES NO

The Notice of Privacy Practices is a complete description of the rights of patients at the Carteret Community College Therapeutic Massage Clinicals with respect to the client's information and how client information is protected. I have been given the opportunity to review the *Notice of Privacy Practices* prior to signing this consent.

By signing below, I am stating I have received the *Notice of Privacy Practices* of Carteret Community College's Therapeutic Massage Practicum.

Client: _____ OR Notice Previously Received
 (or authorized representative)

There will be a clinical supervisor visiting your massage room at least once during your session.

Everyone must wear underpants to receive a Therapeutic Massage.

Carteret Community College Therapeutic Massage Program will not diagnose any illness or disease. We will assess your therapeutic massage needs and perform a therapeutic massage accordingly. Consult a primary health care physician for medical treatment. Anyone under the age of 18 must have a parent or legal guardian present with written consent (below). I give my permission to receive a therapeutic massage from a student therapist and have informed them of my health concerns.

SIGNATURE _____ **DATE** _____

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

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.

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.