



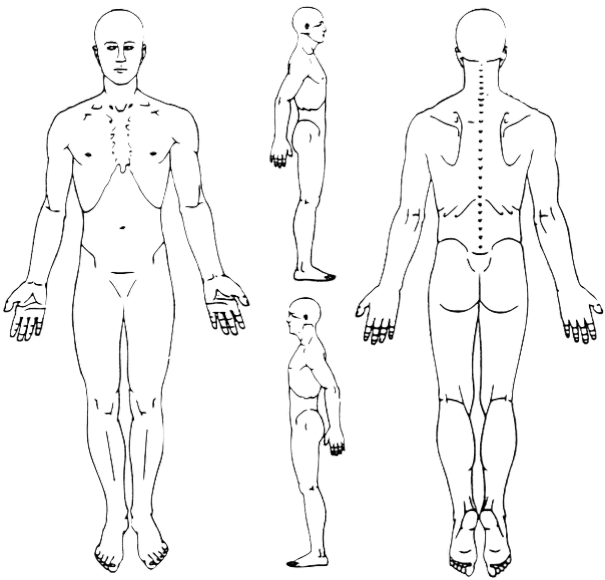
HILLSBOROUGH

MASSAGE THERAPY LLC

Client Intake Form (Please PRINT)

CLIENT INFORMATION			
Full Name:	Female / Male	Birth Date:	
Address:	City:	State:	Zip:
Email Address:		Occupation:	
Home #:	Cell #:	Preferred contact method:	

EMERGENCY INFORMATION		
(Notify) Full Name:	Relationship:	Phone:

HEALTH DATA	Mark Stress Zones:	
Reason for visit:		
Circle all that apply:		
Arthritis		Sciatica
Asthma		Seizures
High / Low Blood Pressure		Sinus Pressure
Carpal Tunnel		Stroke
Cancer		Surgery
Diabetes		TMJ (jaw pain)
Fibromyalgia		Varicose Veins
Joint Pain		Other:
Migraines/Headaches		
Allergies:		
Medications:		

CONSENT FOR TREATMENT & CANCELLATION POLICY	
<p>If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted to my level of comfort. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.</p>	
<p>Cancellation Policy: Please call as soon as you know you are unable to come in. Appointments cancelled with less than 24 hours notice are subject to billing.</p>	
Client Signature:	Date:
Parent or Guardian Signature (in case of a minor):	Date:

How did you hear about our office? _____



**HIPAA Notice of Privacy Processes
(Health Insurance Portability and Accountability Act)**

We want you to know as a client, we hold your information extremely confidential. Your records of health are secure and are not easily available for anyone's viewing.

Use and Disclosure of Your Protected Health Information

Hillsborough Massage Therapy LLC (HMT) will not use or disclose your Protected Health Information (PHI) for any purpose unless you have signed an authorization use and disclosure. You have the right to revoke that authorization in writing at any time. HMT will only discuss your PHI with another medical facility provided that their services are related to your session(s) with us.

Your PHI may be disclosed by law or subpoena:

- If for public health concerns, such as a disease.
- If required by law, such as suspected child abuse.
- If you are a victim of abuse or domestic violence.
- If required by law, to a government agency covering investigations.
- If required to do so by a court or subpoena.
- If for National Security, your PHI can be given to the military.

As a client, you have an opportunity to know what information is being held regarding your health maintenance. Requests for a copy of your records must be placed in writing.

Please send any concerns if you feel that your privacy has been violated to:
Hillsborough Massage Therapy LLC
Attn: Privacy Officer
601A Omni Drive, Hillsborough, NJ 08844

Please allow us to resolve your concerns prior to filing your complaint within 180 days to:
Secretary of U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Washington, DC 20201

I have reviewed Hillsborough Massage Therapy LLC's Notice of Privacy Processes.

Client Name (Please Print):	
Client Signature:	Date:
Parent or Guardian Name in case of a minor (Please Print):	
Parent or Guardian Signature in case of a minor:	Date:

A family member(s) or friend(s) can receive your PHI **ONLY** with your written approval. Please list below any family member(s)/friend(s) authorizing release of your PHI if necessary. Designated person(s) may be left blank.

Designated person (Please Print):	Phone #:
Designated person (Please Print):	Phone #: