

# HIPPA

## Healing Essence Massage LLC

**OUR PRIVACY PLEDGE:** Healing Essence Massage, LLC, a Minnesota limited liability company, is committed to fully compliance with federal and state laws and regulations ensuring the privacy and confidentiality of our clients' personal health information; the massage therapist will make every effort to respect your privacy and keep confidential the health information entrusted to us.

I give consent to Healing Essence Massage for the use and disclosure of my Protected Health Information (PHI) for the specific purposes of providing treatment to me, receiving payment for services rendered to me, and for general administrative operations of the practice.

I understand that I have the right to request restrictions on the use and disclosure of my PHI, but the practice is not required to agree to these restrictions. If the practice agrees with my restrictions, the restriction is binding on the practice.

You may contact me for appointment reminders, schedule changes, or other needs by the following methods. I give consent to send occasional marketing material such as newsletters, announcements and special occasion cards via mail and/or e-mail.

(Fill in only those methods by which you desire to be contacted):

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

I have received a copy of the Privacy Policies Notice. I have read the Notice and understand this authorization form. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment, nor will it affect my eligibility for benefits. I also understand that I may revoke this authorization at any time by notifying the practitioner in writing.

Signature ..... Date .....

Print Name (Client or Personal Representative) \_\_\_\_\_

Relationship to Client and Description of Representative's Authority \_\_\_\_\_