Body of Work Wellness LLC

3220 NW 185th Ave., Suite 100, Portland, OR 97229 (503) 290-6636

In order for us to provide the best service possible, please complete the following questionnaire.

Patient Information

Name _____ Phone_____

Address_____ City/State/Zip_____

Date of Birth _____/_____/_____ Email _____

Occupation: _____ Employer _____

Emergency Contact _____ Phone _____

OK to confirm your appointments by email? Yes / No OK to leave voicemail? Yes / No

Would you like to receive specials via email (approx. 6 per year)? Yes / No

Date of First Visit _____/_____/_____

1. Have you had a professional massage before? Yes No If yes, how often? _____

2. Do you have any allergies or sensitivities to essential oils, lotions, or ointments? Yes No

If yes, please explain_____

How did you hear about us? _____

Medical History

Are you currently under medical supervision? Yes No If yes, please explain _____

_____

Do you see a chiropractor? Yes No If yes, how often?

_____

Are you currently taking any medication? Yes No

If yes, please list _____

Please check any condition listed below that applies to you:

( ) contagious skin condition
( ) easy bruising
( ) decreased sensation
( ) recent surgery
( ) artificial joint
( ) TMJ
( ) recent accident or injury
( ) heart condition
( ) back/neck problems
( ) high or low blood pressure
( ) circulatory disorder
( ) varicose veins
( ) atherosclerosis
( ) phlebitis
( ) deep vein thrombosis/blood clots
( ) rheumatoid arthritis/osteoarthritis
( ) osteoporosis
( ) epilepsy
( ) headaches/migraines
( ) carpal tunnel syndrome
( ) cancer
( ) diabetes
( ) Fibromyalgia
( ) pregnancy ____ months

15. Is there anything else about your health history that you think would be useful for your massage practitioner to know to plan a safe and effective massage session for you?

_____

_____

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I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so treatment can be adjusted to my level of comfort. I understand that massage should not be a substitute for medical examination, diagnosis, or treatment. I understand that massage therapists 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 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 therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's or Body of Work Wellness, LLC's part should I fail to do so.

Cancellation and "No-show" Policy

24 hour advance notice is required when cancelling an appointment. If you are unable to give 24 hours advance notice, we will attempt to fill your appointment time from our waiting list. If it cannot be filled, you will be charged half the cost of your appointment ($40 for a 60 min appointment, $52.50 for a 90 min appointment). This amount must be paid prior to or at your next scheduled appointment. If you forget or consciously choose to forgo your appointment for whatever reason, it is considered a "no-show." You will be charged half the cost of your appointment to be paid at your next scheduled appointment. If you "no-show" multiple times, we may require you to prepay for your future appointments in full.

Late Arrivals

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Regardless of the length of the treatment actually given, you will be responsible for the full amount of the scheduled session.

Signature of client _____ Date _____/_____/_____

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used or disclosed and how you can get access to it.

Your Rights - When it comes to your health information, you have certain rights.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (ie, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

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Your Choices

For certain health information, you can tell us your choices. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

We will never share or sell your information for 3rd party marketing.

Our Uses and Disclosures

How do we use or share your health information? Typically in the following ways.

Treat you - We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks us about your progress in treatment here.

Run our organization - We can use and share your health information to run our practice and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

_____ **Date** _____

I acknowledge this notice and have been offered a copy for my records.