

LAKE NORMAN SALT SPA - Client Consent and Privacy Practices

Client Consent

All paperwork regarding my health has been completed and is accurate. I will provide any updates or changes to these documents prior to any treatment.

Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for a client under the age of 17 years old.

I understand that massage therapy and bodywork promote relaxation and relief of muscle tension, they do not under any circumstances replace primary medical care, medical examinations, diagnosis or treatment.

The massage therapist has discussed the potential benefits and possible side effects of this therapy.

I have been given the opportunity to ask questions and present concerns.

My body will be properly draped at all times for my warmth, comfort and security.

This treatment is not sexually oriented in any way, and I understand that any illicit or suggestive remarks or behavior on my part will result in immediate termination of the session – without refund.

I understand that my wellbeing is the focus of this treatment and at any time I feel appropriate during the treatment, I should;

Express my concerns

Present any questions

Inform the therapist of unusual sensation or discomfort

Inform the therapist of any improvements I may be experiencing

Exercise my right to discontinue the session

I understand and agree that;

Sessions begin and end at scheduled times

If I arrive late to the appointment, the session will not continue beyond the scheduled end time

However, if the therapist runs late, my session will be complete, no time will be taken away

I agree to be clean and free of odor and dirt. I understand that if the therapist feels I am not clean and/or have an offensive odor, they have the right to refuse treatment – without refund. If any part of my body is not clean the therapist holds the right to avoid treating that body part.

I will never arrive to an appointment under the influence of alcohol or drugs. I understand that violation of this agreement gives the therapist the right to refuse treatment – without refund.

I have read, understand and agree to the above Client Consent

Signature _____

Date _____

Privacy Practices

Lake Norman Salt Spa handles your personal information with high priority. We use technical, administrative and physical safeguards to protect against loss, destruction, unauthorized access and improper disclosure. Computers require a password to unlock, computers are regularly scanned for virus and threats and are protected with firewall and network safeguards, file cabinets containing paperwork are locked, and only authorized personnel have access to your information.

We will retain your Protected Health Information (PHI) as long as you are a client with Lake Norman Salt Spa and then for 6 years thereafter, according to NC law.

Based on my health information provided, the therapist may have further questions or concerns that require input from my treating physician before treatment can commence. At that time a HIPAA Release of Information form will be completed as needed. Once the therapist has received any information requested and approved, we will discuss the concerns in detail and agree on the next steps to take in order to proceed safely. I understand that this is for my own well-being and safety and that some medical conditions and medications require revised treatment plans. Any and all information obtained from my treating physician will remain confidential per HIPAA regulations.

I have the right to request access to my Protected Health Information (PHI) at Lake Norman Salt Spa. I will submit a HIPAA Release of Information form to Lake Norman Salt Spa at which time they have 15 days to complete the request. I understand that Lake Norman Salt Spa has the right to charge me for any copies of my PHI.

I can request that my PHI be sent to other parties, such as my lawyer, health insurance company or other health care providers. I will submit a HIPAA Release of Information form to Lake Norman Salt Spa at which time they have 15 days to complete the request. I understand that Lake Norman Salt Spa has the right to charge me for any copies of my PHI.

I have read, understand and agree to the above Privacy Practices

Signature _____

Date _____