

Welcome!

Through treatment-oriented Medical Massage I strive to promote recovery, wellness, and resilience by effectively treating your physical injuries and concerns, promoting deep relaxation as an aid to healing, and supporting you in not only maintaining, but taking off and running with the progress and “Ah ha’s!” achieved during treatment. Please read the practice policies below so that you can get the most from your treatment time.

Why Medical Massage?

After an accident or injury, Medical Massage helps to accelerate recovery time and improve long-term mobility, tissue health, and resistance to re-injury. Beginning treatment as soon as possible after an accident or injury is often best.

What to Expect:

At the beginning of each appointment, we’ll review your current condition, treatment plan, and desired outcome. During the massage you will always be covered with a sheet and blanket on whatever parts of the body I’m not working on. Though it is customary to receive massage unclothed, please undress only to your level of comfort. Depending on the your stage of injury and inflammation, you may be sore after treatment. Please drink plenty of water 24 hours afterward. This will help prevent soreness and aid in flushing toxins released by the massage. Icing also helps with tender areas.

Please initial the following once you’ve read and understood the following statements:

___ Notice of HIPPA Privacy Practices:

Your health information may be disclosed to other healthcare professionals for the purpose of evaluating your health and providing treatment. I keep a record of the health services I provide you. You may ask to see and receive a copy of that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. Full HIPPA policy available upon request.

___ Payment:

It is your responsibility to know your benefits, eligibility, and to keep track of your benefits throughout treatment. **REMEMBER – THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER’S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTABLE MAY CHANGE AS CLAIMS ARE PROCESSED.**

Co-pays, Co-insurances, and self-pay charges are due the same day of service. I accept cash, credit cards, checks, and gift certificates. **I will gladly bill your insurance company, but if no payment is received from your insurance company after 6 months, you will be responsible for any outstanding balance.**

___ **Cancellation/Reschedule:**

I ask that you support Embody Healing Art's 48 hour cancelation notice, as I'm unable to schedule another patient in your spot without sufficient notice. If you call and cancel the day before, day of, or miss your appointment without calling, there will be a \$35 charge for each missed appointment. I understand that sudden illness, emergency, or inclement weather may occur and will accept your cancelation with no fee charged, should this be the case.

___ **Health/Hygiene**

Because both patients and therapists are vulnerable to infection, I ask that you cancel appointments if you are feeling ill. Also, please inform me of any breaks in your skin so these areas may be avoided. I kindly ask that you practice good hygiene as well as avoid smoking before your massage. Additionally, please do not use any perfumes, colognes, or strongly scented personal products in respect to those who are sensitive to such smells.

___ **Inappropriate Behavior Policy**

Embodiment Healing Arts is an upstanding, professional massage practice and I pride myself on maintaining a safe space for both patients and therapists. Please note that any illicit or sexually suggestive remarks, advances, or behaviors will result in immediate termination of the session. In this event, the client will be liable for full payment of the scheduled appointment. To be clear, I only practice clinically-oriented, non-sexual massage. Absolutely no sexual behavior or activity will be tolerated in my practice at any time.

Thank you for your kind respect, understanding, and cooperation.

By signing below, you agree to the aforementioned policies and notification of privacy practices.

X _____
(Printed Name) (Date)

X _____
(Signature)