Client Intake and Agreement Form

*****As a licensed massage therapist in the State of Maine, I am required by law to adhere to professional and ethical standards, which include obtaining informed consent and maintaining accurate records of client interactions. The form you are completing ensures your understanding and agreement to the services provided while allowing me to uphold these legal and professional obligations.***

Date of Initial Visit: _____
Name: _____
Date of Birth: _____
Parent/Legal Guardian Name (if applicable):
_____
Signature of Parent/Legal Guardian (if applicable):
_____
Address: _____
Phone: _____
Email: _____
Emergency Contact (Name/Relationship/Phone):
_____

Current Health Information and Preferences

Please check any conditions that apply:
☐ Bone/Joint Disease ☐ Tendonitis ☐ Arthritis ☐ TMJ ☐ Spinal Issues
☐ Asthma ☐ Emphysema ☐ Sinus Issues ☐ Allergies
☐ Heart Condition ☐ High/Low Blood Pressure ☐ Varicose Veins ☐ Blood Clots
☐ Shingles ☐ Numbness ☐ Multiple Sclerosis ☐ Pinched Nerve
☐ Pregnant ☐ Menstrual Problems ☐ Prostate
☐ Cancer ☐ Diabetes ☐ Drug/Alcohol Use ☐ Contact Lenses ☐ Hearing Aids

Massage Preferences

Preferred Pressure: ☐ Light ☐ Medium ☐ Firm ☐ Deep
Areas of Focus: ☐ Back ☐ Shoulders ☐ Neck ☐ Legs ☐ Arms ☐ Feet ☐ Other:
_____
Areas to Avoid: ☐ Back ☐ Shoulders ☐ Neck ☐ Legs ☐ Arms ☐ Feet ☐ Other:
_____

Agreement and Consent for Massage Therapy

I understand that the massage therapy provided by Thrive Bodyworks is intended to enhance relaxation, reduce pain caused by muscle tension, increase circulation, and promote a general sense of well-being. I acknowledge that massage therapy is not a substitute for medical care or diagnosis by a licensed healthcare provider.

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I confirm that I have disclosed all relevant medical history and current health conditions to my massage therapist and will inform them of any changes in my health for future sessions. I may withdraw consent or request modifications to the treatment at any time.

By signing below, I voluntarily consent to receive massage therapy, understanding both its potential benefits and risks. I agree to inform my therapist immediately if I experience any discomfort or wish to stop the treatment. I acknowledge that some techniques may result in temporary discomfort, and I take responsibility for communicating my preferences.

Maine Disclosure Statement for Complementary and Alternative Healthcare Practitioners

Under Maine law, complementary and alternative healthcare practitioners must provide clients with a disclosure statement detailing their training, qualifications, the services provided, and the fact that they are not licensed physicians.

Specialized Techniques Consent

☐ Yes, I consent to receive specialized techniques (e.g., deep tissue massage, cupping, hot stone therapy), understanding that these techniques may involve risks, including but not limited to bruising, soreness, or skin irritation.

☐ No, I prefer standard massage techniques only.

Note: Any inappropriate or sexually suggestive behavior will result in immediate termination of the session, and I will be responsible for the full session fee.

Confidentiality and HIPAA Notice

Thrive Bodyworks is committed to protecting your health information in accordance with HIPAA and Maine state laws. Your personal and medical information will be kept confidential and used only as outlined below:

Uses and Disclosures for Treatment, Payment, and Health Care Operations

- **Treatment:** Providing or coordinating health care services.
- **Payment:** Processing payments or communicating with insurance providers for reimbursement.
- **Health Care Operations:** Activities to improve quality of care (e.g., case management).

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Minimum Necessary Standard

Thrive Bodyworks will use, disclose, or request the least amount of health information necessary to accomplish a given purpose.

Right to Request Restrictions

You have the right to request restrictions on the use and disclosure of your PHI. Please contact us if you wish to do so.

Request to Inspect, Copy, or Amend PHI

You may request access to your medical records at any time, and you may request an amendment if you believe the information is incorrect or incomplete. We will review your request and provide a written response.

Revocation of Consent

If I choose to revoke my consent, I understand that I must submit a written request to Thrive Bodyworks. This revocation will not affect any disclosures made before the revocation was received.

ePHI and Secure Storage

If my Protected Health Information (PHI) is stored or transmitted electronically (e.g., through email or practice management software), it will be encrypted and securely maintained in compliance with HIPAA's security rule to protect the confidentiality and integrity of my health information.

Data Breach Notification

In the event of a data breach involving my health information, Thrive Bodyworks will notify me within **30 days** as required by Maine's data breach laws and within **60 days** as required by HIPAA regulations. The notification will include the types of information involved, a description of the breach, the date of discovery, steps taken to investigate and mitigate the breach, recommendations for protecting against potential harm, and contact information for further inquiries. If the breach affects 500 or more individuals, Thrive Bodyworks will also notify the Department of Health and Human Services as required by HIPAA regulations.

Notice of Privacy Practices (NPP)

Client Intake and Agreement Form

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Thrive Bodyworks maintains a Notice of Privacy Practices (NPP), which provides detailed information on how my PHI may be used or disclosed and explains my rights and the practice's responsibilities. I may request a copy of the NPP at any time or view it online at www.thrivebodyworks.com.

Payment, Cancellation, and Late Arrival Policies

- **Payment:** Payment for services is due at the time of service unless prior arrangements have been made.
- **Cancellation/No Show:** I agree to provide 24 hours' notice if I need to cancel or reschedule an appointment. Failure to do so, or not showing up, will result in a charge for the full session fee.
- **Late Arrival:** If I arrive late, my session may be shortened to accommodate subsequent clients, but I agree to pay the full session fee.

Credit Card Authorization

I authorize Thrive Bodyworks to securely store my credit card information. My card will only be charged for services rendered, missed appointments, or pre-agreed fees. I may revoke this authorization at any time by submitting a written request.

Waivers and Legal Agreements

- **General Liability Waiver:** I understand that massage therapy involves physical touch and manipulation of soft tissues. I assume all risks and release Thrive Bodyworks from liability, except in cases of gross negligence.
- **Medical Waiver for Pre-Existing Conditions:** I confirm that I have disclosed all relevant medical history and assume all risks associated with massage therapy.
- **COVID-19 and Communicable Disease Waiver:** I understand the risks related to potential exposure to COVID-19 and other communicable diseases.

Dispute Resolution and Legal Agreement

In the event of a dispute regarding services, I agree to engage in good faith negotiations with Thrive Bodyworks. Should legal action be necessary, I agree to use mediation or arbitration before pursuing court action. The laws of the State of Maine will govern this agreement.

Additional Forms Available Upon Request

Client Intake and Agreement Form

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The following forms are available upon request or can be downloaded from our website at www.thrivebodyworks.com/client-forms:

- Request for Restriction on Use/Disclosure of Protected Health Information (PHI)
- Amendment Request Form for Protected Health Information (PHI)
- Authorization for Release of Protected Health Information (PHI)
- Request to Inspect or Copy Protected Health Information (PHI)
- Maine Mental Health Information Disclosure Consent Form
- COVID-19 or Communicable Disease Screening Form
- Informed Consent for Treatment Form for Cupping
- Maine Patient Rights and Responsibilities Notice
- Confidential Communication Request Form
- Thrive Bodyworks - Privacy Policies 2024
- Accounting Disclosure Request Form
- Massage Therapy Complaint Form
- Health History Update Form

Acknowledgment of Receipt of Notice of Privacy Practices (NPP)

By signing below, I acknowledge that I have received, read, or been offered the Notice of Privacy Practices (NPP) from Thrive Bodyworks, which details how my health information may be used or disclosed. I understand that this document explains my rights regarding my health information and the responsibilities of Thrive Bodyworks to protect my privacy.

Client Signature: _____
Date: _____

Client Signature for Entire Agreement

By signing below, I acknowledge that I have read, understood, and agree to all terms and policies outlined above, including the acknowledgment of receipt or awareness of Thrive Bodyworks' Notice of Privacy Practices.

Client Signature: _____
Date: _____