

MASSAGE INFORMATION AND POLICIES

If you have had massage before, you know the benefits it can bring. If you are new to massage, you may have some questions. Please feel free to ask us at any time. Below we have provided the answers to some commonly asked questions and concerns.

1. You will be asked to disrobe to your level of comfort. If you have any reservations or concerns regarding disrobing, please let your massage therapist know at the beginning of your appointment.
2. For a one-hour massage therapy session, the actual hands-on massage time will be approximately 50 minutes. This allows time for you to disrobe and for the therapist to assess your current condition and understand your goals for the upcoming session.
3. Fees are \$80 to \$100 for a one-hour session and \$40 to \$50 for a half-hour session. If we are **not** billing insurance, and you pay with cash or check at the time of service, the discounted rate is \$68 (relaxation) or \$85 (deep tissue) for a one-hour session.
4. We love children; however, so that you may receive the full benefit of your massage treatment, we discourage them from being present. If this is not possible, please let us know in advance.
5. Massage is powerful and therapeutic. Drinking plenty of water before and after your massage is very important. Muscles and joints need to be hydrated to prevent cramping and the accumulation of toxins. Water is key to flushing these toxins from your body.
6. If your immune system is fighting a cold or the flu, or you are experiencing any health problems that you feel may affect your massage, please inform your therapist **before** your appointment.
7. You may be instructed to ice specific areas after your treatment since your muscles have worked in a new way. You may experience some stiffness or tenderness the next day. This is common, but icing will reduce this a great deal. If tenderness lasts more than a day, let your therapist know at your next appointment or feel free to give us a call. If your body is unusually sensitive to more than light massage, please discuss this with your therapist. This will enable us to give you the best treatment possible for your body.

I hereby authorize the release of medical information necessary to process my insurance claim. This may include intake forms, chart notes, reports, correspondence, billing statements and any other information to my attorneys, healthcare providers and insurance case managers.

- _____ (Pt initial) **GENERAL INSURANCE PAYMENT POLICY:** Your portion of the services (full amount, co-pay, deductible, etc.) Is due on the day of service.
- _____ (Pt initial) If your insurance covers massage treatment, we will provide for your insurance company all necessary documentation, but we cannot accept responsibility for non-payment, late payment, or for negotiating a disputed claim. Your insurance policy is a contract between you and your carrier. **Even though we may have been given information by your insurance company regarding the benefits of your plan, this is not a guarantee of payment.** All balances over 90 days will be converted to cash claims.

I understand the benefits and risks of massage and give my consent for massage. I will consult my practitioner with any questions or concerns immediately. I am also fully aware that this a professional massage from a professional Massage Practitioner and no crude or sexual behaviors, comments, or insinuations will be tolerated. If such behavior should arise the Practitioner will terminate the session and the client will be responsible for the full cost of the massage and asked not to return.

Due to the nature of scheduling, we ask that you arrive in a timely manner. In addition, a **minimum of 4 hours notice** is required in the changing or cancellation of appointments. If you do not call to cancel your appointment, there will be a **\$40 no-show fee**. It will be your responsibility to pay this fee – it can not be charged to your insurance company. This \$40 no-show fee must be paid before any additional care will be provided and must be paid at least 3 days prior to any appointments already scheduled to avoid automatic cancellation. Thank you for your cooperation and understanding in this matter.

I have reviewed the information and policies listed above. You may request a copy of these policies for your records.

Signature: _____

Date: _____

Name (printed): _____

**HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We are required by law to have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact Yvette DeVore of our office at 509-525-4160. If you wish to file a complaint with the office of Department of Health and Human Services you may contact them at 2201 Sixth Ave, Seattle, WA 98121-1831 to the attention of the Immediate Office of the Secretary.