

**Artful Touch Massage
600 1st Ave Suite #325
Seattle, WA 98104
(206) 965-9414**

**Consent for Purposes of Treatment, Payment and Health Care
Operations**

I consent to the use or disclosure of my protected health information by Courtnee Papastathis, LMP for the purpose of treatment to me, obtaining payment for my health care bills or to conduct health care operations of Artful Touch Massage.

I understand that treatment of my by Artful Touch Massage may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment of health care operations of the practice. Artful Touch Massage is not required to agree to the restrictions that I may request. However, if Courtnee Papastathis, LMP agrees to a restriction that I request, the restriction is binding on Courtnee Papastathis, LMP and Artful Touch Massage.

I have the right to revoke this consent, in writing, at any time, except to the extent that Artful Touch Massage or Courtnee Papastathis, LMP has taken action in reliance on this consent.

My "protected health information" means identifiable health information, including my demographic information, collected from me and created or received by my massage practitioner, another health care provider, a health plan, my employer or a health care clearinghouse.

_____ I understand I have a right to review Courtnee Papastathis, LMP's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices has been provided to me. I understand that I may request an updated copy of this notice at any time.

_____ I understand that as a Licensed Massage Practitioner in the state of Washington, Courtnee Papastathis, LMP is not able to provide any diagnoses to me regarding my state of health. I understand that my massage practitioner does not replace my medical doctor, and under certain circumstances my treatment may be conditioned upon diagnosis from a doctor.

_____ I agree to pay the rate of \$80 per hour for my treatment with Courtnee Papastathis, LMP no later than the time of service by cash, check, or paypal. Session activities may include manual therapies, intake, postural observation, as well as table massage.

_____ I understand the cancellation policy of Artful Touch and agree to pay \$40 for any session in which I do not show, or in which I fail to provide more than 48 hours notice of cancellation. I understand that I may not be charged this fee if my session can be otherwise filled.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

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NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

Artful Touch Massage uses health information about you for treatment, to obtain payment for treatment (with your authorization as required per state laws), for administrative purposes, and to evaluate the quality of care that you receive.

Artful Touch Massage will not disclose your information to others unless you tell us to do so or unless the law requires and authorizes us to do so.

Artful Touch Massage may use your information to distribute mailings (e.g. appointment reminders) and to provide information about treatment alternatives or other health-related issues.

You may complain to the business owner, Courtnee Papastathis, and to the Department of Health and Human Services if you believe your privacy rights have been violated. There will be no retaliation made against you for filing a complaint.

Artful Touch Massage must maintain the privacy of protected health information; provide you with notice of its legal duties and privacy practices with respect to your health information; abide by the terms of the notice, notifying you if unable to agree to the requested restriction on how your information is used or disclosed; accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations; and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or comments, please contact Courtnee Papastathis at (206) 965-9414.

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Date

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