



hands & heart  
massage for healing  
marc maupoux, lmp

### **Health Information Privacy Practices Disclosure**

As my massage client, I ask you to provide information about your health history, current symptoms and goals. During our session(s), I will keep notes on what you report, on my findings, and on the treatment I provide. I use these records to inform my approach to your treatment, and to track progress during each session and over time. In accordance with laws governing the privacy of health information, I am providing to you this notice of my privacy practices.

### **Health Records Practices**

I maintain records of the healthcare services I provide to you for 7 years. I keep all client records in a locked file cabinet when I am not consulting or updating them.

### **Your Rights**

These are your records and you may request to see them during a scheduled session, or you may request that I mail you copies of your records by calling me at (206) 491-4916. You may request that corrections be made if you find errors in your records.

### **Release of Information**

No records or information are released to any other parties without your written authorization unless required by law.

### **Personal Interaction Outside of Treatment**

Because your confidentiality is important to me, if we see each other socially or in public, I will not bring up the fact that you are seeing me for treatment, or bring up anything about the nature of our work together, or any information you disclosed during a session without your express permission. You are of course free to disclose whatever you like to whomever you like about our sessions.

I, (print name) \_\_\_\_\_, have read and agree to the above privacy policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_