

### Client Consent to Use and Disclosure of Health Information

I, \_\_\_\_\_, understand that Clinical Massage Therapy (“CMT”) creates and maintains paper and electronic records describing my personal health history. These records cover:

- Symptoms
- Diagnoses
- Other treatments
- Plans for future treatment

I understand that CMT uses this information to:

- Plan my care and treatment
- Maintain communication with other healthcare providers
- Stand as a record by which a third party (such as an insurance provider) verify services that we’ve billed for
- Use as a tool to verify that treatments are of quality and practitioners are performing with competence

I, as a client of CMT, understand that I have the right to restrict access to my Protected Health Information (“PHI”) and that I may grant permission to disclose my PHI in certain circumstances. Under the HIPAA privacy rule, CMT must obtain patient authorization to use patients’ PHI for reasons other than routine treatment, payment, or health care operations including:

- To disclose PHI about a patient to a third party (i.e., an insurance carrier)
- To raise funds for an entity other than CMT
- To disclose records, unless disclosure is required for law enforcement purposes or legal mandates, oversight of the provider who created the notes, use by a coroner or medical examiner, or avoidance of a serious and imminent threat to health or safety

I understand CMT is not required to agree to the restrictions I request. I understand **I may revoke this consent in writing** to prevent any future use of my information from that date forward. I also understand that if I refuse to sign, CMT may refuse to treat me (Section 164.506 Code of Federal Regulations).

I further understand that CMT has the right to change this notice and will send a copy of the revision prior to its effective date to the address I have provided (Section 165.520 Code of Federal Regulations).

I wish to have the following restrictions placed upon my information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I fully understand and ACCEPT / DECLINE the terms of this agreement.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_