

# Rocky Mountain Healing Massage, LLC

Jorge Torre, CMT

770 W. Hampden Ave, Suite 300, Englewood, CO 80110 | P: (619) 997-0966

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## **HIPAA, AUTHORIZATIONS & ACKNOWLEDGEMENT CONSENT**

**TREATMENT AUTHORIZATION:** I authorize Massage Therapy treatment of myself or my minor child by the therapists and staff at Rocky Mountain Healing Massage, LLC.

**INFORMED CONSENT:** The term “informed consent” means that the potential risks, benefits, and alternatives of massage therapy treatment have been explained to me. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the treatment and options available for my condition. I understand that the massage / bodywork, I receive is provided for the basic purpose of relaxation and relief of muscle tension. If I experience pain or discomfort during this session, I will inform the specialist immediately so that the pressure and/or touch can be adjusted to my comfort level. I further understand that massage or body work should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist by any physical or mental ailment that you are aware of. I understand that massage and bodywork specialists are not qualified to perform spinal or skeletal adjustments, to make diagnoses, prescriptions, or to treat any physical or mental, and that nothing that is said during the course of the session should be construed as such. Because massage / body work does not must be done under certain medical conditions, I affirm that I have declared all my medical conditions that I have knowledge and that I have honestly answered all questions. I promise to keep the specialist informed about any change in my medical profile and if I do not comply, I understand that the specialist will not be responsible for it. Further, I understand that any unlawful or sexually suggestive suggestion or comment I make will result in the termination of session, and I will be responsible for paying for the scheduled session.

At Rocky Mountain Healing Massage, LLC, we use a variety of procedures and modalities to help us to try to improve your level of function. As with all forms of medical treatment, there are benefits and risks involved with massage therapy. Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury or may aggravate previously existing conditions. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be.

**REFERRAL AUTHORIZATION:** Your insurance carrier may require a referral from your primary care physician for our services. Please be aware that it is your responsibility to obtain all necessary referrals prior to therapy. If your insurance carrier required an authorization for service, no service will be rendered until the authorization is obtained. Furthermore, we may be required to contact your doctor for a treatment order referral for services.

**CANCELLATION AND/OR NO-SHOW POLICY:** Rocky Mountain Healing Massage, LLC urges you to keep every appointment, as consistent treatment will expedite your recovery. In the event you need to cancel an appointment, we require at least 24 hours notice, excluding Saturday and Sunday. **Patients who cancel without proper notice or fail to show for a scheduled appointment will be reported to their insurance adjuster for each occurrence.** Arrival more than 15 minutes after the time of your scheduled appointment may be considered a failed appointment.

**ASSIGNMENT OF BENEFITS:** I authorize payment of my Workers Compensation Insurance benefits to be made directly to Rocky Mountain Healing Massage, LLC on my behalf for massage therapy services rendered. In the event my insurance carrier does not accept Assignment of Benefits, or if payments are made directly to me, I will endorse such payments to Rocky Mountain Healing Massage, LLC within five (5) days of receipt of such payment.

**FINANCIAL/INSURANCE RESPONSIBILITY FOR ALL ROCKY MNT HEALING MASSAGE, LLC SERVICES:** I agree that I am responsible for any payments for services my insurance carrier determines, either now or at a later date, to be not medically necessary, not covered or due to claim being denied or closed. I further understand, Rocky Mountain Healing Massage, LLC will not be obligated to take action on my behalf against an insurance carrier for collecting or negotiating my insurance claim. I also agree to be responsible for costs and expenses, including court costs,

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attorney fees and interest, should it be necessary for Rocky Mountain Healing Massage, LLC to take action to secure payment of an outstanding balance owed.

**NO GUARANTEES:** I recognize that the practice of massage has no guaranties of success or outcome of any therapy rendered at Rocky Mountain Healing Massage, LLC.

**REVOCATION OF AUTHORIZATIONS:** These authorizations may be revoked by me, in writing, at any time. Such revocation will not affect my financial responsibility to pay for services rendered.

**PATIENT ACKNOWLEDGMENT:** I certify that the information I provide to my doctors, therapists and insurance company is correct. I certify that I am here to receive medical care and for no other purpose. I do not represent any third party. By signing and dating this form I acknowledge I have discussed, or have had the opportunity to discuss, with my therapist the nature and purpose of Massage Therapy treatment in general and my treatment in particular as well as the contents of these Acknowledgements and Authorizations. I consent to the Massage Therapy treatments offered or recommended to me by my Doctor and/or Massage Therapist. I intend this consent to apply to all my present and future Massage Therapy care.

Full Legal Name of Patient or Responsible Party \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

My signature below indicates that I have been given the Notice of Privacy Practices for Rocky Mountain Healing Massage, LLC. I recognize that outside of purposes for treatment, for payment, for certain healthcare operations or as permitted or required by law I must give my written authorization to Rocky Mountain Healing Massage, LLC to release any of my protected healthcare information.

**Workers' Compensation-** If you are seeking compensation from Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation. We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury.

\_\_\_\_\_  
Patient's or Authorized Representative's Printed Name & Date

\_\_\_\_\_  
Patient's or Authorized Representative's Signature

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## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE FEEL FREE TO SPEAK TO YOUR THERAPIST, THEIR DESIGNEE OR THE HIPAA PRIVACY OFFICER.

Rocky Mountain Healing Massage, LLC is committed to maintaining and protecting the confidentiality of your personal information. This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It will inform you about the ways in which we may use and disclose your health information, and the safeguards we have put into place to protect it. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

### **OUR DUTIES TO YOU REGARDING YOUR PROTECTED HEALTH INFORMATION**

“Protected Health Information” is individually identifiable health information expressed in the form of oral, written or electronic communications. This information includes demographic information such as your age, address, email address, and other information that relates to your past, present or future health condition and related healthcare services. Rocky Mountain Healing Massage, LLC is required by law to:

- Make sure your health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in this notice to you.

### **GOVERNMENTAL PRIVACY LAWS AND REGULATIONS**

There are several other federal, state and city privacy laws that provide stronger restrictions about the use and disclosure of health information. The stricter laws have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

### **HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we use and disclose your health information. We will not use your confidential information or disclose it to others without your authorization, except for the following purposes:

**Treatment.** We may use and/or disclose your confidential health information to provide you with treatment and/or services. This includes your therapist’s recommendation(s), and those of other professionals/paraprofessionals including clerical, coordination and management staff.

**Payment.** Your protected health information will be used, as needed, to bill and collect payment for treatment and services provided to you. We may share information about a treatment and/or service you may receive to your health insurer to receive approval for payment.

**Health Care Operations.** We may use and disclose health information about you for regular health care operations. The medical staff in this practice will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality assessment/improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. We will share your protected health information with third-party “business associates” who perform various activities for the practice. The business associates will also be required to protect your health information. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning your identity.

**Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or care in our Practice. These reminders will not identify the purpose of your visit.

**Required by Law.** We will disclose health information about you when required to do so by federal, state or local laws.

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**Public Health Activities.** We may disclose your confidential health information for the following public health activities and purposes:

- To report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability;
- To report child abuse or neglect to a government authority that is authorized by law to receive such reports;
- To report information about a product or activity that is regulated by the US Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity;
- To conduct post-marketing surveillance, as required; and
- To alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.

**Legal Proceedings.** We may release protected health information about you in response to a court or administrative order if you are involved in a lawsuit or dispute. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

**Law Enforcement.** We may release health information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement.
- About the death we believe may be the result of criminal conduct.
- About criminal conduct at the Practice.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Research.** Under certain circumstances, we may use and disclose your confidential information for research purposes without an authorization. An authorization would not be necessary if your identifying information was removed.

**Workers' Compensation.** We may release your health information to comply with Workers' Compensation Laws and other similar legally established programs. The programs provide benefits for work-related illness or injury.

**Health Related Benefits and Services.** We may use and disclose health information to inform you about health-related benefits or services that may be of interest to you. You may be contacted by the Practice regarding general health-related products and services and/or health-related products and services targeted to your specific health status or condition, but only where we believe those products or services may benefit you. If the communication is targeted to you, it must explain why you were targeted and how the product or service relates to your health. Any communication you receive must identify the Practice as the source of the communication, inform you if we received any payment for making the communication, and contain instructions about how you may request that we not contact you further about such health related products and services.

**Criminal Activity.** Under certain Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose your health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Government Functions.** We may disclose your health information to the U.S. Military or to authorized federal or state officials for purposes specified by federal law.

**Coroners, Funeral Directors, and Organ Donation.** We may disclose your health information to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. We may also disclose protected health information to funeral directors as authorized by law to assist them in carrying out their duties. Protected health information may also be used and disclosed for organ eye and tissue donations if you have previously agreed to organ donation.

**Individuals Involved in Your Care.** Unless you object, we may use or disclose your health information to notify or assist in the notification of a family member or personal representative of your location, your

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general condition, or death. If you are present, you will have the opportunity to object to this type of use or disclosure. If you are unable to decide or if it is an emergency, we may disclose information that is directly relevant to the person's involvement in your healthcare, if we determine that it is in your best interest to do so.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of Rocky Mountain Healing Massage, LLC, the information belongs to you. You have the following rights regarding your protected health information. You may make any of the following requests by completing a "HIPAA Patient Rights Request Form" or by submitting a written request to our office.

**Right to Inspect and Copy.** You have the right to both inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain your health information. This information is used to make health-related decisions about your care and typically includes professional treatment/progress notes, supplement programs, laboratory reports, prescriptions, and billing/financial records. This request does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to laws that prohibit access. If you request copies, we may charge you copying and mailing costs. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. While we consider all requests for restrictions carefully, we are not required to agree to your request.

**Right to Request Amendment.** If you believe the health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for Rocky Mountain Healing Massage, LLC, if we determine the record is inaccurate.

We may deny your request if it is not in the appropriate form or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the information kept by or for Rocky Mountain Healing Massage, LLC
- Is not part of the information which you would be permitted to inspect or copy
- Is accurate and complete

**Right to Request Confidential Communications.** You may request that we communicate with you using alternative means or at an alternative location. You may also ask that we mail information to you in a sealed envelope rather than a postcard. While we will consider this request carefully, we are not required to agree to all requests.

**Right to Request an Accounting of Disclosures.** You have the right to an accounting of disclosures. This is a list of where we have sent your protected health information that does not include disclosures made for treatment, payment, or healthcare operations as described in this notice.

**Right to Obtain a Copy of this Notice.** You have the right to a paper copy of this notice. You may request a copy of this notice at any time. To obtain a copy of this, please contact the Practice Administrator or their designee.

**CHANGES TO THIS NOTICE-** We reserve the right to change our privacy practices and this notice. We reserve the right to make changed notice effective for health information we already have about you as well as any information we receive in the future. If we change the notice, we will provide each active patient with a new notice. You may also obtain a new notice by calling our office.

**COMPLAINTS-** You may also file written complaints with the Secretary of the US Department of Health and Human Services. No retaliation will occur against you for filing a complaint. All complaints must be submitted in writing.