

Howard Rhinehart, LMT, NCTMB
36 Komohana Street
Hilo HI 96720
(808) 896-6985 c



Informed Consent

I, _____, (client) understand that massage/bodywork provided by Howard Rhinehart, LMT is intended to reduce stress, reduce pain caused by muscle tension, improve circulation, enhance relaxation, increase range of motion, and generally enhance quality of life parameters. If I experience any pain or discomfort during a session, I will immediately inform the practitioner so that adjustments of pressure or technique can be made.

I understand that massage therapy is not a substitute for medical examination, diagnosis, or treatment. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

Because massage/bodywork should not be performed under certain medical conditions, I have informed the massage therapist of all my known physical and medical conditions, and any medications I am taking. I will keep the massage therapist updated on any changes in my medical profile, and I further understand that there shall be no liability on the practitioner's part should I fail to do so.

Fees/Insurance/Cancellation Policy

Fees are due at the time service is provided, unless the case is covered by insurance. For insurance cases, only the co-pay, if applicable, is required at the time of service. The therapist will bill the insurance company directly.

*Note: Client agrees to pay any and all portion of charges denied or not covered by insurance. Initial (_____) Please provide credit card info for financially responsible person. Card will only be charged in the event that fees are not paid by insurance. Credit Card # _____ Exp. ____ / ____ Name as it appears on credit card: _____

Appointment changes made with less than 24 hours notice will be charged a \$20 fee, at the discretion of the therapist. First "no-show" will be charged \$20; subsequent "no-show" will be charged full price of session. Returned check fee is \$25.

Confidentiality Policy

If a client is referred by his/her medical provider, Personal Health Information (PHI) may be discussed with that referring medical provider. Additionally, for Insurance cases, PHI including progress notes must be submitted to the insurance company at the time of billing. In all other cases, unless its release is authorized by the client or compelled by law, all information about the client gathered by the therapist as any part of the client-therapist relationship is to be kept confidential.

I hereby give informed consent to receive massage therapy and understand and agree to the above policies,

Client Signature

Date

Parent/Guardian Signature if client under 18 years of age

Date