



EAST CAROLINA MASSAGE, LLC
210 S WASHINGTON STREET
GREENVILLE, NC 27858
252-413-0021

HIPAA STATEMENT

NOTICE OF EAST CAROLINA MASSAGE, LLC PRIVACY PRACTICES

EFFECTIVE DATE: OCTOBER 2020

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) REQUIRES US TO ASK EACH OF OUR PATIENTS TO ACKNOWLEDGE RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES (THE "NOTICE"). THE NOTICE IS PUBLISHED AND DISPLAYED IN OUR LOBBY. YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS NOTICE BY SIGNING BELOW. YOU MAY REQUEST A COPY OF THE "NOTICE" FOR YOUR RECORDS AT ANY TIME.

EAST CAROLINA MASSAGE, LLC RESPONSIBILITIES.

UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), EAST CAROLINA MASSAGE, LLC MUST TAKE STEPS TO PROTECT THE PRIVACY OF YOUR "PROTECTED HEALTH INFORMATION" (PHI). PHI INCLUDES INFORMATION THAT WE HAVE CREATED OR RECEIVED REGARDING YOUR HEALTH OR PAYMENT FOR YOUR HEALTH. IT INCLUDES BOTH YOUR MEDICAL RECORDS AND PERSONAL INFORMATION SUCH AS YOUR NAME, SOCIAL SECURITY NUMBER, ADDRESS, AND PHONE NUMBER.

UNDER FEDERAL LAW, WE ARE REQUIRED TO:

- PROTECT THE PRIVACY OF YOUR PHI. ALL OF OUR EMPLOYEES AND PHYSICIANS ARE REQUIRED TO MAINTAIN THE CONFIDENTIALITY OF PHI AND RECEIVE APPROPRIATE PRIVACY TRAINING.
- PROVIDE YOU WITH THIS NOTICE OF PRIVACY PRACTICES EXPLAINING OUR DUTIES AND PRACTICES REGARDING YOUR PHI.
- FOLLOW THE PRACTICES AND PROCEDURES SET FORTH IN THE NOTICE.

PATIENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE



EAST CAROLINA MASSAGE, LLC
210 S WASHINGTON STREET
GREENVILLE, NC 27858
252-413-0021

OFFICE POLICIES

CLIENT INFORMATION

CLIENT NAME: _____ DATE: _____

COVID-19 EXPOSURE RISK:

CLOSE CONTACT IN A MASSAGE PRACTICE ENVIRONMENT MAY PUT YOU AT HIGHER RISK FOR CONTRACTING THE COVID-19 VIRUS. BY SIGNING BELOW, YOU AGREE TO HOLD HARMLESS, EAST CAROLINA MASSAGE, LLC, AND ANY THERAPIST ASSOCIATED THERIN. IN SO DOING, YOU WAIVE ANY RIGHT TO MEDICAL, PERSONAL, FINANCIAL AND ANY OTHER DAMAGES.

CANCELLATION

A 24-HOUR NOTICE IS REQUIRED FOR CANCELLATION OF AN APPOINTMENT, OR YOU WILL BE CHARGED IN FULL FOR THE APPOINTMENT. PAYMENT IS DUE BEFORE YOUR NEXT APPOINTMENT.

TARDINESS

APPOINTMENT TIMES ARE AS SCHEDULED AND CANNOT EXTEND BEYOND THE STATED TIME TO ACCOMMODATE LATE ARRIVALS. PLEASE BE ON TIME TO YOUR APPOINTMENT. IF YOU ARRIVE LATE YOU WILL BE CHARGED FOR THE TIME SCHEDULED AND YOUR APPOINTMENT WILL BE SHORTENED TO ACCOMMODATE THE NEXT CLIENT.

SICKNESS

MASSAGE/BODYWORK IS NOT APPROPRIATE CARE FOR INFECTIOUS OR CONTAGIOUS ILLNESS. PLEASE CANCEL YOUR APPOINTMENT AS SOON AS YOU ARE AWARE OF AN INFECTIOUS OR CONTAGIOUS CONDITION. IF IT IS WITHIN THE 24-HOUR NOTICE PERIOD, THE CANCELLATION FEE MAY BE WAIVED.

FINANCIAL RESPONSIBILITY

WE DO NOT BILL OR ACCEPT PAYMENT FROM ANY INSURANCE COMPANY FOR SERVICES. YOUR SIGNATURE BELOW CONFIRMS YOUR FINANCIAL RESPONSIBILITY FOR ALL SERVICES.

RELEASE OF RECORDS

YOUR PRIVATE INFORMATION RELATED TO SERVICES AT OUR PRACTICE WILL NOT BE SHARED WITH ANY OTHER PARTY WITHOUT YOUR EXPRESS WRITTEN CONSENT. EXCEPTIONS TO THIS CAN BE FOUND IN OUR HIPAA PRIVACY NOTICE AND FOLLOW FEDERAL REGULATORY REQUIREMENTS.

SIGNATURE: _____ DATE: _____