



Client Confidentiality Release Form,
Terms & Conditions

I understand that payment is due at the time of treatment unless arrangements have been made other wise. I agree to give at least 24 hours notice of cancellation of appointment.

Cases of extreme emergency are considered exceptions to this cancellation policy.

I understand the treatment here is not a replacement for medical care.

I understand the practitioner does not diagnose medical illness, disease or any other physical or mental conditions.

As such, the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations

I understand that the treatment is not a substitute of medical treatments and/or diagnosis and it is recommended that I see a qualified professional for any physical or mental conditions that I may have.

I have stated all my known conditions and take it upon myself to keep the practitioner updated on my health.

Client signature: _____ Date: _____

Practitioner signature: _____ Date: _____

Bodies for Birth maintains the privacy and confidentiality of your protected health information. We take significant actions to maintain the security and integrity of your health information. Bodies for Birth is not a covered entity under the Health Insurance Portability and Protection Act (HIPPA). However, we maintain privacy standards consistent with the spirit of HIPPA.

HIPAA regulations require all practitioners should have a signed release form from their client before taking any notes about them. Clients may receive a copy of the form they signed (upon request), and the practitioner maintains a copy for their records.

Confidentiality of medical and personal information obtained during the course of the practitioner's work is of the utmost importance.

Failure to comply with these confidentiality regulations could result in penalties.

I, (name) _____ give my permission, for my practitioner, _____ to take notes about me, including health history/ medical and /or personal information I choose to disclose to him/her.

Signature: _____

Date: _____