

## Privacy Policies Acknowledgment and Consent Form

I, \_\_\_\_\_, have fully reviewed a copy of the Privacy Policies Notice provided to me by Kathleen M. Murphy, LMT, CMTPT (massage therapist). I agree to the provisions outlined in the Notice for the use and disclosure of my Protected Health Information (PHI) for the specific purposes of providing treatment to me, receiving payment for services rendered to me, and for general administrative operations of her practice.

I understand that I have the right to request restrictions, submitted in writing, on the use and disclosure of my PHI, but the massage therapist is not required to agree to my restrictions. If the massage therapist agrees to my restrictions, she will document such in writing, and only then will the restrictions be binding on the massage therapist.

The massage therapist may contact me for appointment reminders, schedule changes, or other needs by the following methods (*fill in only those methods by which you desire to be contacted*):

Home Phone:

Work Phone:

Cell Phone:

Text Message to Cell Phone:

Email Address:

Home Address, City, State, Zip Code:

Work Address, City, State, Zip Code:

Occasionally the massage therapist may send out announcements or special occasion cards, texts, or emails. These communications will be directly from the therapist; my personal contact information *will not* be released by the therapist to advertising or marketing concerns.

I wish to receive such announcements, special occasion cards, texts, or emails: [ ]

I do not wish to receive such announcements, special occasion cards, texts, or emails: [ ]

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Signature

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Date