

Confidentiality and Policy Agreement

In order to make each of your visits rewarding the following is our statement of confidentiality, cancellation policy and office procedures agreement. If you have any questions, please feel free to ask before acknowledging your agreement to the policies by signing below.

Practitioner agreements: We respect each client's confidentiality and strictly adhere to Washington State HIPAA regulations. Healthcare practitioners at Bowenwork® Northwest, (a div. of MBNW, Inc) are committed to working with each client to provide the best care possible. This means from time to time we may discuss a clients' healing progress with their physician or primary healthcare provider. We may refer a client to either another practitioner within Integrated Health Northwest, LLC or suggest consultation or treatment by your physician or another healthcare professional. We reserve the right to notify the authorities or your emergency contact if you express a desire to physically harm yourself or another person while in our presence.

Your personal boundaries and physical modesty will be respected at all times. While receiving a treatment you may experience emotions more readily than you might expect. We will respect your request to end a session whether for physical or emotional reasons at any time.

Client agreements: Please notify your practitioner if you have added / changed your medications, are participating in physical therapy, other treatment modalities, or intend to receive any injection therapies. Your chart will be noted appropriately. If you are feeling ill (cold, flu, etc.) contact the office prior to your appointment. Your practitioner will discuss your treatment options if a change is needed. This request is for your own health as well as ours.

Cancellation policy: A 24 hour cancellation notice is kindly requested. If you need to reschedule your appointment, please contact the office prior to 24 hours before your appointment in order that we have the opportunity to reschedule the appointment time.

If you cancel within 24 hours of your appointment, you will be charged a \$25.00 cancellation fee. If you do not show for your appointment the full amount of the appointment fee will be assessed. If you are receiving treatment for an L&I claim, motor vehicle accident or covered through a contracted major medical plan you will be personally responsible for payment, your insurance company will not be billed for a missed appointment. Please respect this cancellation policy. Due to interest in appointment availability this policy is enforced. In turn, you may benefit from another's early cancellation in the future.

Cell Phone and Pager Policy: For your benefit and others, please turn your cell phone or pager completely off so that you are not interrupted during your treatment session.

Returned checks: If your check is returned for insufficient funds, you will be charged \$25.00.

We reserve the right to refuse service to anyone.

Please acknowledge your understanding of these agreements by signing below:

SIGNATURE: _____

DATE: _____

Thank you!

