



## Colorado School of Healing Arts

7655 West Mississippi  
Suite 100  
Lakewood  
Colorado 80226  
303 986-2320  
Fax 303 980-6594  
www.csha.net

Welcome to the Colorado School of Healing Arts (CSHA) Student Massage Therapy Clinic!

Enclosed please find a ***Client Intake Form***, the ***Client Responsibilities Form*** and the ***Covid Informed Consent Form*** for you to fill out before arriving for your first visit. Please take the time to review these forms, policies, procedures and our Privacy statement prior to your appointment.

If possible, please cancel **24 Hours in advance**. **If you are not feeling well, please cancel as soon as you are aware of symptoms.**

Please remember to bring your completed *Client Intake*, *Client Responsibilities* and *Covid Consent forms* with you and arrive 5 – 10 minutes prior to your scheduled appointment. Our entrance faces Yukon on the west side of the building.

**Please be aware that you must be 18 years or older to receive a massage in any Colorado School of Healing Arts (CSHA) Clinic.** We do not have childcare facilities and you may not bring children with you to your appointment.

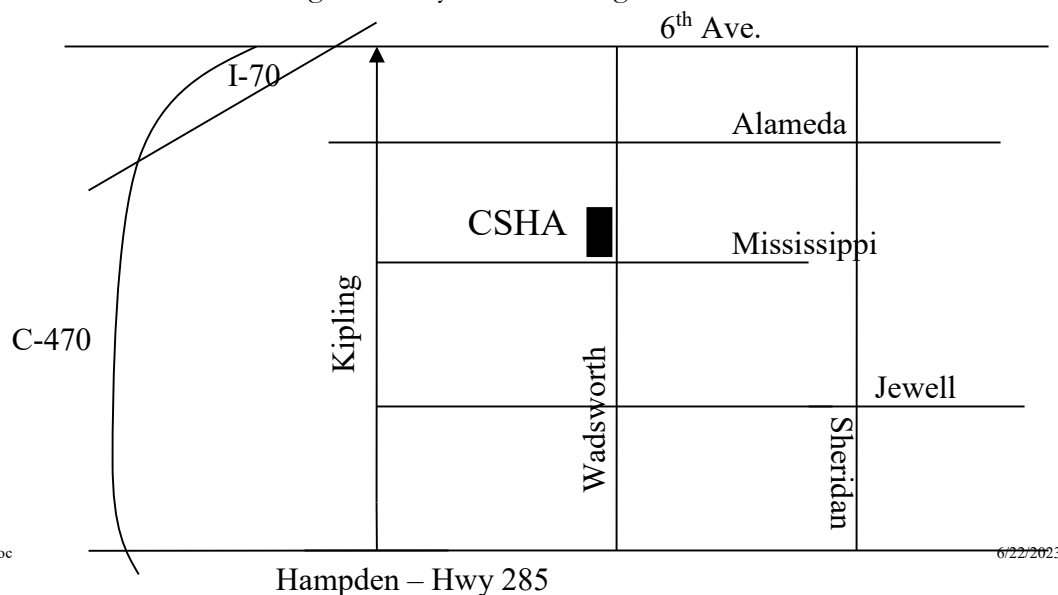
If you are currently taking blood thinners, prescription pain meds, medical marijuana, or are being treated for any of the following: cancer, uncontrolled hypertension, blood clots, complications of diabetes, heart disease, pregnancy complications, recent surgery, recent stroke, post COVID symptoms or any other serious conditions, **you will need to bring a physician's release for massage therapy.** Please check with your Doctor if you have any doubts about receiving Massage Therapy.

If you have any questions, please leave a message at our business office (303) 986-2320 or consult our website for more information [www.csha.net](http://www.csha.net). To reach the clinic during clinic hours, please call (303)986-2320 ext 58.

Thank you for choosing the Colorado School of Healing Arts for your well-being.

In Health,

CSHA



**COLORADO SCHOOL OF HEALING ARTS STUDENT MASSAGE CLINIC**  
**CLIENT INTAKE FORM**

Your answers help us to provide better service and will be kept completely confidential. *Print clearly*

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY / STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # \_\_\_\_\_ WORK # \_\_\_\_\_ LANDLINE # \_\_\_\_\_

EMAIL \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER/pronouns \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

REASON FOR MASSAGE: \_\_\_\_\_

Have you ever had a Professional Massage? ☐ Yes ☐ No ☐ REFERRED BY: \_\_\_\_\_

Physician's Name (optional) \_\_\_\_\_ Phone # \_\_\_\_\_

**NOTE: Any of the following conditions/medications may require you to bring a physician's note.**

**Please circle any that you have:** Cancer, uncontrolled hypertension, blood clots, complications of diabetes, heart disease, pregnancy complications, recent surgery, recent stroke, taking blood thinners, prescription pain meds, medical marijuana, Post COVID symptoms or any other serious condition. Comments: \_\_\_\_\_

Do you currently have **any other medical conditions** (not circled above)? ☐ Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

Are you **pregnant**? ☐ Yes ☐ No ☐ If pregnant, how many months? \_\_\_\_\_ Due date \_\_\_\_\_

Are you currently taking **any medications**? ☐ Yes ☐ No ☐ If yes please list medications **and** what they are for: \_\_\_\_\_

List any **injuries** you have had - last 5 years (with dates)

List any **surgeries** you have had (with dates)

Additional information you would like to share: \_\_\_\_\_

**I AGREE TO UPDATE THIS FORM WITH ANY NEW HEALTH CONDITIONS OR MEDICATIONS. I HAVE RECEIVED, READ AND UNDERSTAND THE CSHA NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THAT I AM RECEIVING A MASSAGE IN A STUDENT CLINIC FROM A STUDENT THERAPIST. I FURTHER UNDERSTAND THAT AS A TEACHING CLINIC, THE CLINIC SUPERVISOR MAY BE ENTERING THE ROOM FOR EDUCATIONAL PURPOSES TO SUPERVISE THE STUDENT THERAPIST AND MAY DEMONSTRATE ON ME. I AGREE TO NOT HOLD THE SCHOOL OR THE THERAPIST RESPONSIBLE FOR ANY INJURIES, ACCIDENTS, COMMUNICATION DIFFERENCES, CONFLICTS OR PHYSICAL ILLNESS THAT MAY ARISE DURING TREATMENT. I AGREE TO ABIDE BY THE CLIENT RESPONSIBILITIES FOR STUDENT CLINIC. I AGREE TO LEAVE THE TREATMENT ROOM WITHIN 15 MINUTES OF THE END OF MY SESSION AND I UNDERSTAND THAT IF I DO NOT, STAFF WILL KNOCK AND ENTER.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

# COLORADO SCHOOL OF HEALING ARTS CLINICS 303-986-2320

## **CLIENT RESPONSIBILITIES FOR THE CSHA STUDENT MASSAGE THERAPY CLINIC**

CSHA wishes to provide an environment that is safe and healthy (emotionally and physically). Behavior which is detrimental to the welfare or safety of others, students or school personnel is strictly forbidden.

1. Hygiene: Please be conscientious of your personal hygiene as a participant in the clinic.
2. Reminders: Please put your appointment on your calendars. If you choose to fill out a reminder request, as a courtesy, the office will *attempt* to email or text you within 48 hours in advance to remind you of your appointment.
3. 24 Hour Cancellation Request: Please cancel at least 24 hours in advance if at all possible. Cancel at any time if feeling ill.
4. Lateness: If you know in advance you will be late, please call us. Arriving late will result in a shorter session for you. You will still pay for the full session.
5. No Shows: If you are late by 15+ minutes, without notice, we will consider it a “no show” and the student therapist may no longer be available.
6. Cell phones: Please turn off all cell phones while receiving your scheduled massage.
7. Feedback/Concerns: If at anytime you feel uncomfortable with the therapist or their massage techniques, please communicate with your therapist. If your feedback does not result in what you need, feel free to discontinue the massage and immediately inform the Clinic Director or Front Office at the time of your visit.
8. Children: No one under the age of 18 is allowed to receive a massage at any CSHA clinic. Children may not remain on campus during a parent’s massage.
9. 12 Hour Rule: No alcohol or recreational drugs should be consumed a minimum of 12 hours prior to your scheduled appointment.
10. Inappropriateness: It is not appropriate for client or therapist to demonstrate any behavior, gestures or expressions that are sexually suggestive or personal in nature.
11. Not Permitted: Use of cursing or vulgarities, verbal abuse or harassment, willful defiance of authority, carrying, bringing, using, or possessing alcohol, drugs, or weapons of any kind is not permitted.
12. Smoking: Smoking inside any part of the CSHA campus is not permitted except **outside** at southeast corner of the building.
13. Bicycles: Bicycles are not allowed inside the building. There is a bike rack outside on the east side of the building.
14. Medical intake: Some conditions require the use of barriers or avoidance and some conditions require that your therapist modify your massage. Therefore, you will be asked about medical conditions and medications prior to each massage and you are responsible to update your intake form with any changes. Please support your therapist in creating the best massage experience for you.
15. **Eval: You will be required to fill out an evaluation at the end of your session in the waiting room. Constructive feedback throughout the massage and in the evaluation is greatly appreciated!**
16. **You are required to leave the clinic room within 15 minutes of the conclusion of your massage and if not, staff will knock and enter.**

***NOTE: To receive massage in the student clinic, you must be willing to work with all or any of our student therapists.***

**Thank you for reading and signing this form.**

**WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Colorado School of Healing Arts

### Clinic COVID-19 Health Informed Consent, Information, and Screening

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

This document contains important information about your decision to receive services in light of the ongoing COVID19 public health situation. Please read and fill out this form carefully and accurately and let us know if you have any questions. **Due to the possible complications from COVID 19, if you have recovered from any COVID-19 infection, please let your Student Massage Therapist know at your appointment, so we can determine the type of massage adjustments we need to make.**

#### Consent for Treatment

- I understand that I may be required to wear masks the entire time I am in the building during the massage even while face-down in the cradle during the massage.
- I understand that I will be screened each visit - which may include a temperature check and COVID-19 related questions.
- I understand if I have any symptoms, including uncontrolled allergies, CSHA may cancel my appointment immediately with no charge.
- I understand that the Student Therapists and the Clinic Director may also be wearing masks.
- I understand that once I am on the massage table, the Student Therapist may leave the door slightly ajar for increased air ventilation as requested.
- I understand sanitation protocols intended to reduce the spread of contagious viruses have been implemented.
- I understand that because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19.
- I understand that students, staff and clients are not asked to share vaccination status.

I hereby acknowledge and assume the risk of becoming infected with Covid-19 and give my express permission to Colorado School of Healing Arts and my student Massage Therapists to proceed with providing student Massage Therapy. I have read, or have had read to me, the above Covid-19 risk informed consent

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NOTICE OF COLORADO SCHOOL OF HEALING ARTS PRIVACY PRACTICES

**THIS NOTICE DESCRIBES  
HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

As clients of the massage clinic at the Colorado School of Healing Arts, (CSHA), you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. This Notice explains how we use and disclose your personal information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

**Introduction:** When you become a client of the CSHA massage therapy clinic, you will provide us with information about your health. Each time you visit us, another record of your visit and what was done will be made. Your health record is the information that we use to plan your massage session and is used when we receive payments for your session. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

**Our Duties:** CSHA is required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to comply with the terms of this Notice which is currently in effect, but we reserve the right to change our privacy practices and to make such changes apply to all the protected health information we maintain. In the event that our Notice changes, we will provide you with a Notice of the change the first time you visit us after the change or otherwise upon your request.

## **Use and Disclosures for Massage Therapy Session, Payment and School Clinic Operations**

After we make a good faith effort to provide you with this Notice, we may use your personal health information to help design your massage therapy session, for our internal massage clinic operations and for obtaining payment for any no-show massage sessions. We may use and disclose your personal health information for such purposes in the following ways:

- *To Help Design Your Massage Therapy Session:* Your massage therapist and the clinic staff will use your personal health information to plan, provide and coordinate your massage sessions.
- *For Our Internal Massage Clinic Operations:* We may use your protected health information for use for training and teaching our clinic operations, such as using your name for filing the client charts and scheduling sessions.
- *For Obtaining Payment:* Your name, address and phone number is used to obtain payment for any no-show clinic sessions.

## **Use and Disclosures of Your Personal Health Information With Your Authorization**

For purposes *other* than designing your massage session, our internal massage clinic operations or obtaining payment, we will obtain your written authorization prior to using or disclosing your personal health information (unless we are required or permitted to use or disclose your information as set out below). You have the right to revoke any authorization you have given us at any time. If you have any questions about written authorizations, please contact the school Director at the address or telephone

number below. The school Director will provide you with information about giving or revoking your authorization for us to use or disclose your personal health information.

### **Uses and Disclosures We May Make Unless You Object or Express Restrictions**

Unless you object, we may contact you via Constant Contact email to provide information about our clinic that may be of interest to you. In case of emergency, we may use or disclose your personal health information to notify a family member, close friend or another person responsible for your care, provided that you have the opportunity to agree or object. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interests based upon our professional judgment.

### **Uses and Disclosures We Are Permitted or Required to Make Without Your Authorization**

We may use and disclose your personal health information without obtaining your written authorization, in the following situations:

- *Law Enforcement:* We may disclose your personal health information for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.
- *Health and Safety:* We may disclose your personal health information to prevent or lessen a serious threat to any person's or the public's health or safety. In all cases, disclosures will only be made in accordance with applicable law.
- *Workers' Compensation:* We may disclose your personal health information to judicial or administrative proceeding in response to orders, subpoenas and other valid legal process.

**Your Rights:** You have the following rights with regard to your personal health information:

- Right to Receive a Copy of this Notice. Upon request, you have the right to receive a paper copy of this Notice.
- Right to Inspect and Copy Your Health Information. Upon written request, you have the right to access and obtain a copy of your health information maintained by us. Please contact the school Director for assistance in obtaining or copying your health information (You will be charged 10¢ for each impression.).
- Right to Amend Your Health Information. You have the right to request in writing that we amend your health information which we maintain. We will comply with your request in the event that we determine the information that you are asking us to amend is false, inaccurate or misleading. Please contact the school Director for assistance in seeking an amendment to your health information.



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