



Colorado School  
of Healing Arts

7655 W. Mississippi Ave.  
Suite 300  
Lakewood, CO  
80226  
303-986-2320, ex 58

The entrance to the building is on the west side.  
The clinic is located on the 3<sup>rd</sup> floor  
Stairs/Elevator available

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

Enclosed please find a Notice of ***Privacy Practices, Client Intake Form***, and the ***Client Responsibilities 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 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 medications, 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 call (303) 986-2320, ex 58 or consult our website for more information <https://csa.net/student-clinic/> .

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

In Health,

CSHA

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# 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.

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### **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 or 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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# STUDENT MASSAGE CLINIC CLIENT INTAKE FORM

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

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

EMAIL \_\_\_\_\_ DOB \_\_\_\_\_ PRONOUNS/GENDER \_\_\_\_\_

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

Have you ever had a Professional Massage?  Yes  No

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

NOTE: The following conditions/medications may require you to bring a physician's note. Please circle all that apply:

- |                            |                              |                         |
|----------------------------|------------------------------|-------------------------|
| Uncontrolled diabetes      | Recent blood clots or stroke | Pregnancy complications |
| Uncontrolled heart disease | Recent surgery               | Taking blood thinners   |
| Uncontrolled hypertension  | Cancer                       | Prescription pain meds  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant or trying to get pregnant? \_\_\_\_\_ If pregnant, how many months and due date? \_\_\_\_\_

Any Complications \_\_\_\_\_

List any additional medical conditions (not circled above): \_\_\_\_\_  
\_\_\_\_\_

List any medications or supplements you are currently taking 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: \_\_\_\_\_  
\_\_\_\_\_

**Consent-** I agree to update this form with any new health conditions or medications. I have 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 and that the Clinic Instructor may enter the room for educational purposes to supervise the student therapist and may demonstrate on me. I agree not to hold CSHA 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.

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

## STUDENT MASSAGE CLINIC CLIENT RESPONSIBILITIES

**CSHA is committed to providing an environment that is safe and healthy, both emotionally and physically. Behavior that is detrimental to the welfare or safety of students, clinic instructors, school personnel, or others is strictly prohibited and may result in termination of clinic privileges.**

### **CSHA RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE**

#### SCHEDULING & APPOINTMENT

1. **24-Hour Cancellation:** If possible, please cancel at least 24 hours in advance. If you are feeling ill, please cancel your appointment at any time.
2. **Lateness:** If you anticipate arriving late, please call the clinic as soon as possible. Late arrival will result in a shortened session. Full payment for the scheduled session will still apply.
3. **No-Shows:** If you arrive more than 15 minutes late without notice, your appointment will be considered a “no-show,” and the student therapist may no longer be available.
4. **Post-Session Timing:** Clients are expected to exit the clinic room within 15 minutes of the conclusion of their massage. After 15 minutes, staff may knock and enter the room.
5. **Student Assignment:** To receive massage in the student clinic, clients must be willing to work with any assigned student therapist.
6. **Children:** Individuals under the age of 18 may not receive massage at the CSHA clinic. Children may not remain on campus during a parent’s or caregiver’s appointment.

#### HEALTH, SAFETY, & INFECTION CONTROL

7. **12-Hour Rule:** Alcohol or recreational drugs should not be consumed within 12 hours prior to your scheduled appointment.
8. **Health Information:** You will be asked about medical conditions and medications prior to each session, and you are responsible for updating your intake form with any changes. Your transparency helps your therapist provide a safe and effective massage.
9. **Respiratory Illness Risk:** COVID-19, influenza (flu), RSV, and other respiratory viruses are spread through airborne droplets. Because massage therapy involves close physical proximity for an extended period of time, there may be an increased risk of exposure.
10. **Recent Illness:** If you have recently been ill with COVID-19 or another respiratory infection, please inform your Student Massage Therapist so appropriate adjustments can be considered.
11. **Health Screening and Symptoms:** Clients may be screened at each visit, which may include a temperature check and symptom questions. If you arrive with symptoms of illness (such as fever, cough, sore throat, shortness of breath, or uncontrolled allergy symptoms), CSHA may cancel your appointment immediately at no charge.

12. **Mask Use:** Clients, student therapists, instructors, or clinic staff may be required or may choose to wear masks while in the clinic or during the session.
13. **Sanitation Protocols:** CSHA follows sanitation and cleaning protocols intended to reduce the spread of contagious illnesses.
14. **Vaccination Status:** Students, staff, and clients are not required to disclose vaccination status.
15. **Assumption of Risk:** I understand that despite these precautions, there remains a possibility of exposure to respiratory illnesses including COVID-19, influenza, RSV, or other viruses.

#### PROFESSIONAL CONDUCT

16. **Professional Conduct:** Behavior, gestures, or expressions that are sexually suggestive or personal in nature are not appropriate for either client or therapist.
17. **Prohibited Conduct:** Cursing or vulgar language, verbal abuse or harassment, willful defiance of staff, or the carrying, use, or possession of alcohol, drugs, or weapons on campus is not permitted.

#### EXPECTATIONS & POLICIES

18. **Hygiene:** Please be mindful of your personal hygiene when attending the clinic.
19. **Cell Phones:** Please turn off all cell phones during your massage session.
20. **Feedback or Concerns:** If at any time you feel uncomfortable with the therapist or the massage techniques, please communicate directly with your therapist. If your concerns are not resolved, you may discontinue the session and notify the Clinic Instructor or Front Office staff immediately.
21. **Smoking:** Smoking is not permitted inside any part of the CSHA campus. Smoking is allowed only outside in the designated area at the southeast corner of the building.
22. **Evaluation:** You will be asked to complete an evaluation at the end of your session. Constructive feedback during the massage and in the evaluation is an expectation for participating in CSHA student clinic.

**Thank you for your thoughtful and respectful participation in the CSHA Student Clinic Class.**

**I agree to follow the client responsibilities and consent to receive treatments.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_