



The Arvigo Techniques of Maya Abdominal Therapy™ Confidential Intake Form

Practitioner: **DO NOT** send this page with your case study report – for your records **ONLY**

Date of Initial Visit _____

Name _____

Address _____

State _____ Zip _____ Home Phone _____

Work Phone _____ Cell _____ e-mail address _____

Date of Birth _____ Age _____ Occupation _____

Marital/Relationship status _____ Referred by _____

Client Confidentiality and Release Form

I understand this modality is not a replacement for medical care. The practitioner does not diagnose medical illness, disease, or other physical or mental conditions unless specified under his/her professional scope of practice. As such, the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform spinal manipulations (unless specified under his/her professional scope of practice). The practitioner may recommend referral to a qualified health care professional for any physical or emotional conditions I may have. I have stated all my known conditions and take it upon myself to keep the therapist/practitioner updated on my health.

Confidentiality of medical and personal information obtained during the course of the practitioner's work is of the utmost importance. HIPAA regulations require that all practitioners obtain a signed release form from their client before taking any information. The best way to be fully compliant is to obtain this release signature at the initial consultation. Clients should receive a copy of the form they signed (upon request), and the practitioner maintains a copy for her or his records.

I, (name) _____,

give my permission for my practitioner to take notes about any health history/medical and/or personal information I choose to disclose to him/her. I understand this information may be used for the purpose of practitioner certification and/or may be shared with the Arvigo Institute, LLC, for statistical data collection only. All relevant identifying information will not be disclosed, such as name, address, social security number, date of birth.

Client signature: _____ Date: _____

Practitioner signature _____ Date: _____