

Fremont Office
421 N 36th St
Seattle, WA 98003



Adaya Wellness/Kirkland Office
5797 NE Juanita Dr
Kirkland, WA 98103

Medical History & New Client Information

*** INDICATES MANDATORY FIELD**

First Name *

Last Name *

Street Address *

Address Line 2

City *

State *

Zip Code *

Phone Number *

Email Address *

Preferred Contact Method *

Text Message

Phone

Email

Date of birth: * _____ / _____ / _____

Marital status *

Single

Married

Divorced

Widowed

Occupation/Place of Work *

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Emergency Contact Name *

Emergency Contact Phone *

Health History

Mark **SIGNIFICANT** medical conditions that apply to you or any immediate family. Conditions may be in the *present or past (if relevant)*.

MUSCULOSKELETAL

	Myself	Significant Family history
Joint Stiffness/Swelling/Pain		
Spasms/Cramps		
Broken/Fractured Bone(s)		
Sprains (muscle)/Strains (tendonous)		
Hip Pain		
Shoulder/Neck/Back Pain		
Arm/Wrist/Hand Pain		
Chest/Rib Pain		
Leg/Knee/Foot Pain		
Problems with walking/mobility		
Jaw Pain/TMJ Disorder		
Bursitis		
Arthritis		
Osteoporosis		
Scoliosis		
Other Bone or Joint Disease		

RESPIRATORY

	Myself	Significant Family history
Difficulty Breathing/Shortness of Breath		

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Asthma		
Emphysema		

SKIN/INTEGUMENTARY

	Myself	Significant Family history
Rashes		
Allergies		
Athlete's Foot		
Warts		
Moles		
Acne		
Psoriasis		
Cosmetic Surgeries		
Other Skin Conditions		

CIRCULATORY

	Myself	Significant Family history
Cold Feet or Hands		
Swelling		
Lymphedema		
High Blood Pressure		
Low Blood Pressure		
Heart Condition		
Stroke		
Blood Clots		
Varicose Veins		
Vascular Anomaly (such as cutous marmorata, hemangioma, etc.)		
Other Circulatory Concern		

DIGESTIVE

	Myself	Significant Family history
Frequent Constipation		
Frequent Diarrhea		
Indigeation/Gas/Bloating		
Diverticulitis/Diverticulosis		
Irritable Bowel Syndrome (IBS)		

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Stomach Ulcer(s)		
Crohn's Disease		
Colitis		
Food Sensitivities/Allergies		
Other Digestive Condition		

NERVOUS SYSTEM

	Myself	Significant Family history
Numbness/Tingling		
Paralysis		
Shooting Pain		
Herpes/Shingles		
Cerebral Palsy		
Epilepsy		
Multiple Sclerosis		
Muscular Dystrophy		
Parkinson's Disease		
Spinal Cord Injury		
Other Nervous System Issue		

REPRODUCTIVE

	Myself	Significant Family history
Pregnancy		
Miscarriage		
Pre-Term Birth		
PMS		
Endometriosis		
Uterine Fibroids		
Pelvic Inflammatory Disease		
Hysterectomy		
Fertility Concerns		
Menopause		
Prostate Problems		
Other Fertility/Reproductive Concerns		

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OTHER

	Myself	Significant Family history
Headaches		
Loss of Appetite		
Forgetfulness/Confusion		
Difficulty Sleeping/Sleep Disorder		
Sleep Apnea		
Depression		
Anxiety		
Difficulty Concentrating/Focusing		
Chronic Fatigue		
Chronic Pain		
Fibromyalgia		
Inflammatory Disease		
Immune Disease/Poor Immune Function (get sick a lot)		
Hearing Impairment		
Frequent Ear Infection		
Communicable Illness		
Contact Lenses		
Vision Impairment		
Cancer		
Diabetes		
Other (Detail Below)		

Comments or other medically-relevant issue

Current Medication & Habits

Current medications & supplements

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	Name	Dose	How long have you been taking?
1			
2			
3			
4			
5			
6			
7			
8			

Do you have any allergies? (Include drug allergies)

Please explain: *

Product use *

	None	Occasionally	Weekly	Daily
Alcohol				
Tobacco				
Recreational drugs				
Caffeine				

Comments or additional information



Which of the following would best describe your daily diet? *

- I think my diet is pretty healthy most of the time. I am content with my diet.*
- My diet is healthy much of the time, though I do enjoy occasional/daily treats that might not be as healthy. ("treat" examples: cookies, cake, ice-cream, chocolate, candy, alcohol, etc.).*
- My diet is okay. It could use a little improvement, but is fairly well-balanced.*
- I know my diet isn't perfect, but I'm okay with it.*
- I think my diet needs improvement/I am dissatisfied with my food selections/I feel guilty about my diet.*
- I don't know the first thing about healthy eating and am not sure if my diet is healthy.*
- I am very dissatisfied with my food choices and could use support in making healthier choices.*

How would you describe your sleep habits most nights? *

- I usually get enough sleep and generally feel well rested.*
- I usually get adequate sleep and feel fine enough, but I would enjoy more if I could.*
- I hardly ever get enough sleep, but I manage okay.*
- I get enough hours of sleep, but I don't wake up feeling rested.*
- My sleep is frequently interrupted/I wake up a lot throughout the night.*
- I have a hard time falling asleep, but once I'm there, I'm out.*
- I need sleep aids to fall asleep and even then, sleep is a struggle.*
- Other: none of these descriptions fit my sleep habits.*

If other, please explain:

Activity Level and Preferences

Do you exercise regularly? *

- Not at all
- Low activity (1-2 times a week)
- Moderate (3-5 times a week)
- Highly active (6-7 days a week)

What do you do for exercise and which are your favorite forms of exercise? *

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What, if anything, motivates you to be physically active? *

Health and Wellness

Please list your primary health and wellness concerns/problems today. *

list	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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Are you in active pain today? * YES / NO

If yes, how severe has it been recently? (On a scale of 1-10: 0=no pain; 1=low; 5=moderate; 10=high)

Today:

In the last week:

In the last month:

In the year:

What would you like to get out of your Integrative Therapy sessions? * (Examples: I'd like to have more energy, improve immune system, be in less pain, get rid of my headaches long-term, etc.)

What has your stress level been in the *last day*? (use scale above: 0-10) *

What has your stress level been in the *last week*? *

What has your stress level been in the *last month*? *

What has your stress level been in the *last year*? *

What therapies/medical interventions have you tried to address your primary concern(s)?

Have they been helpful? Please include names of providers and/or clinics you have visited. *

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Have you EVER received complementary medical treatments in the past (for current concerns or any others)? If so, what? *This may include chiropractic, naturopathy, homeopathy, acupuncture, bodywork, energy work (such as Reiki, distance healing, etc.), herbal remedies, plant essences, aromatherapy, and many others.*

What would you most like to experience during your session at Seattle Integrative Therapies? *

- Neurological Integration System
- Emotional Freedom Technique
- Therapeutic Massage and Treatment Bodywork
- Occupational Therapy-Based Goal Setting and Coaching *(to help clients achieve personal, professional, health and/or wellness goals)*

We'd like to get to know you better...

Q: Why are you asking all these questions?

A: **At Seattle Integrative Therapy, we address the WHOLE PERSON and don't treat one part of the body in isolation, because there are many facets to well-being and they are all connected.**

In order to best serve your health and wellness needs, we need to know about your goals, dreams, and aspirations as well as your challenges.

What would you say are your biggest strengths? *

What would you consider your biggest barriers to achieving your health, wellness & personal goals? *

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Is there anything else you'd like to share about yourself?

If we were to extend business hours, which hours would work best for your schedule?
(Note: this is not a guarantee of future offerings)

	Time		
	Morning (9-12pm)	Afternoon (12-5pm)	Evening (6-9pm)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

How did you hear about us? *

Online Search Friend/Another Client Brochure Other: _____

Completion

My Name *

I am completing this form for someone other than myself.

Relationship to above, if applicable:

I certify that the information I have provided above is accurate to the best of my knowledge. I understand that any information I provide is of my own choosing and that I have a right to limit what I disclose. I understand that it is important to provide a full and accurate picture of my health and wellness history and concerns, in order to receive the maximum benefits from my services at Seattle Integrative Therapies LLC. I understand that this also helps to ensure my safety and comfort during therapy sessions, to the greatest extent possible. *

Today's Date * _____



Privacy Rights & Policies

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (OR YOUR CHILD, IF APPLICABLE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our business office at 206-669-4303 or email Shari Schwartz, owner of Seattle Integrative Therapies LLC and Privacy Officer, at shari@seattleintegrativetherapies.com

OUR OBLIGATIONS.

We are required by law to:

- Maintain the privacy of protected health information (PHI)
- Give you this notice of our legal duties and privacy practices regarding your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION.

Seattle Integrative Therapies LLC respects your privacy. We understand that your personal health information is very sensitive. Described as follows are the ways we may use and disclose health information that identifies you ("Health Information"). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our privacy officer.

Treatment.

We may use and disclose Health Information for your treatment to provide you with treatment-related health care services. This includes use and disclosure of Health Information with Seattle Integrative Therapies staff as it relates to your treatment. In addition, we may disclose Health Information to your doctors, nurses, technicians, or other personnel, who are involved in your medical care and need the information to provide you with medical care.

Payment.

Please see payment policies and fees below. At this time, Seattle Integrative Therapies LLC does not accept insurance reimbursement. You may independently apply to have your services reimbursed, if possible. We will not share your PHI with other parties for reimbursement, at this time.

Sharing Health Information for Reimbursement Purposes.

If, in future, we offer insurance reimbursement as a form of payment, we may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, we may provide your health plan with information, including diagnosis (typically from your primary care or other medical provider), procedures performed, progress, goals or recommended care, so that they will pay for your treatment.

Electronic Storage.

Any Health Information obtained electronically via Formsite Corp is stored on a secure server and has restricted access only to Seattle Integrative Therapies staff and on very rare occasions, Formsite Staff in order to maintain the system and records. Seattle Integrative Therapies, LLC has entered into a third party agreement with Formsite who has ensured and will ensure that data stored through their site is highly secure and can only be accessed by authorized individuals. For more information about Formsite's security, please see the following:

<https://blog.formsite.com/2017/05/09/secure-forms-form-security-answers>

Information, including responses to New Client Forms, progress notes and treatment goals and plans, are secured locally on a password protected computer that is kept in a locked building/secure office space and are backed up onto a secure portable hard-drive, also physically secured within a locked office space.

Communications.

Unless otherwise stated, emails sent via regular email, as well as text and phone messages, are not secure and are not HIPAA complaint. In these cases, Protected Health data is at risk of being seen by outside parties. Clients of Seattle Integrative Therapies, LLC are asked not to send any specific

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Protected Health Information via regular email, electronic text message, or voicemail as security cannot be guaranteed. Any information sent via these methods (regular email, text or voicemail) is sent at the client's own risk and discretion. Should the client permit, Seattle Integrative Therapies LLC providers may occasionally ask permission to leave a voicemail, email, or text message regarding a client's treatment. Clients are not required to give this permission, particularly, if it is felt that their PHI's security may be compromised or for any other reason. Should a client grant the provider permission to leave a voicemail, send a text message or email, it is implied and implicitly understood by the client/consumer that security of Protected Health Information cannot be fully guaranteed, though the provider will make her/his best efforts. The clinic email and phone number are for scheduling and general information purposes only. Clients/Consumers may give written or verbal permission for the provider to leave a voice mail or text message on a case by case basis. Any information willingly shared by the client using non-HIPAA-compliant means is implicitly permitted by said client, and is provided with the implicit understanding that this Protected Health Information may be visible to unauthorized individuals and that data security when using these methods of communication is compromised. Health Care Operations. We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our clinic. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with entities that have a relationship with you (such as your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.

We may use and disclose Health Information to contact you and to remind you of your appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you. Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in you or your child's, if applicable, medical care or payment for your or your child's care, when applicable, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

SPECIAL SITUATIONS.

As Required by Law, we will disclose Protected Health Information without your prior authorization when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety.

We may use and disclose Health Information when necessary to prevent a serious threat to the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Public Health Risks.

We may disclose Health Information for public health activities. We will only make this disclosure if you agree or when required or authorized by law. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if we believe a child has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities.

We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes.

If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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Law Enforcement.

We may release Health Information if asked by a law enforcement official if the information is: 1) in response to a court order, subpoena, warrant, summons, or similar process; 2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; 3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; 4) about a death we believe may be the result of criminal conduct; 5) about criminal conduct on our premises; and 6) in an emergency to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

YOUR RIGHTS.

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy.

You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. To inspect a copy of this Health Information, you must make your request, in writing to Shari@seattleintegrativetherapies.com There may be a fee involved for additional time required.

Right to Amend.

If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Seattle Integrative Therapies. To request an amendment, you must make your request, in writing, to Shari Schwartz OTR/L, Shari@seattleintegrativetherapies.com

Right to an Accounting of Disclosures.

You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Shari Schwartz, OTR/L, Seattle Integrative Therapies, LLC Seattle, WA or shari@seattleintegrativetherapies.com

Right to Request Restrictions.

You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your child's care or the payment for your child's care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your extended family that is involved in your or your child's care, if applicable. To request a restriction, you must make your request, in writing, to Seattle Integrative Therapies, Seattle, WA 98112 or to Shari@seattleintegrativetherapies.com We are not required by law to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you or your child (if applicable) with emergency treatment.

Right to Request Confidential Communication.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. To request confidential communication, you must make your request, in writing, to Shari@seattleintegrativetherapies.com or to the clinic address. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice in future.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at the clinic. The notice will contain the effective date on each page, in the lower right-hand corner. A paper copy of the new policies will be available upon request.

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Seattle Integrative Therapies, LLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Seattle Integrative Therapies, LLC, contact us via email at Shari@seattleintegrativetherapies.com. All complaints must be made in writing. You will not be penalized for filing a complaint.

Please print a copy of this agreement for your records. You may request a paper copy should you desire, or print one directly from the link on our site. A printable version of this form can be found here: <https://fs27.formsite.com/SeattleIntegrativeTherapies/form2/print>

I have read and reviewed the Seattle Integrative Therapies Privacy Rights & Policies and agree to these conditions. *

Date _____

Payment Policies and Fees

Payments and Fees are as follows:

90 minute first NIS/Occupational Therapy session	\$120
60-45 minute follow-up NIS/Occupational Therapy session	\$60
90 minutes treatment massage, or extra-long follow-up NIS session	\$120

Session times are approximate.

Shortened initial appointments will be charged a lower rate. Late arrivals may be subject to shortened sessions. Please allow 24 hours' notice for cancellation or you may be subject to a cancellation fee of \$50. A credit card may be taken at time of booking to secure your space. Your credit card will NOT be charged, UNLESS you are a no-show or late cancellation. Payment for your service will be taken separately from the booking. Sliding scale appointments available. *** Please ask about special promotions. ***

Seattle Integrative Therapies, LLC, proudly accepts credit cards, debit cards, and cash. \$2 additional fee for credit/debit card charges. Checks are generally not accepted. Thank you for your understanding.

At this time, Seattle Integrative Therapies does NOT accept health insurance. However, you may be able to submit a copy of your payment stub (a "superbill") to your insurance provider for reimbursement.

Reimbursement by another party is not guaranteed. Insurance may require a referral for Occupational Therapy and diagnostic code(s) from your primary care provider (medical doctor, naturopath, or chiropractor) or other specialist (orthopedic physician, etc.) prior to reimbursement.

I have read and reviewed the Seattle Integrative Therapies LLC Payment Policies & Fees and agree to these conditions. *

Date _____

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Seattle Integrative Therapies Disclaimer & Care Agreement

DISCLAIMER

Receiving services at Seattle Integrative Therapies LLC constitutes understanding and acceptance of the provisions below:

Shari Schwartz is a Registered/Licensed Occupational Therapist in Washington State and professionally trained massage therapist, not a doctor, and as such is not a substitute for diagnosis and treatment by a qualified, licensed, medical professional. The purpose of Seattle Integrative Therapies LLC is to help maximize each client's participation in meaningful life activities and to help restore normal physiological function. Services can help support your body in healing itself and optimize your well-being.

Our services are not intended to diagnose, cure, or prevent any particular disease.

Any information given is offered as personal opinion and suggestion, not diagnosis. Any nutritional supplements, dietary advice, and/or home care suggestions are offered as personal recommendations, not a prescription. It is advisable that you consult your primary care physician when beginning any new supplement or dietary regimens. Shari Schwartz is not a doctor, and makes no claims for any cures and/or diagnosis either stated or implied and assumes no liability for the use of any information disclosed.

The above disclaimer applies to information discussed during an office visit, via phone, or email correspondence, or correspondence via any other media or means.

Seattle Integrative Therapies, LLC cannot do any consultations over the World-Wide Web and any e-mails or other communications in that regard cannot be answered.

Communications.

Most standard email formats are not in protected form and may not be HIPAA compliant. It is not recommended that clients send personal health information (PHI) via email, text message or voice mail. Should a client still wish to send communications via these means, it is implicitly understood that these methods of communication may not be fully secure, though Seattle Integrative Therapies will generally make their best efforts to keep these communications private. If information is of a sensitive manner, Seattle Integrative Therapies LLC providers will strive to use HIPAA compliant secure email services and secure physical or electronic information storage. Alternately, the provider may elect to wait until a subsequent, in-person, session to discuss sensitive information. Please note: upon submitting forms securely via formsite.com, you will receive a confirmation of submission via email. This should not contain any protected health information, but WILL state that you submitted a specific form to our office. Should you prefer to not have a confirmation email sent from Seattle Integrative Therapies LLC, please print the forms via the links supplied on the Seattle Integrative Therapies website and bring them to your first appointment.

Always consult your physician for information.

Seattle Integrative Therapies, LLC strives to help improve the health and wellness of our clients and to make impacts on their lives for the better, but we make no guarantees or claims for individual-specific, medical or other outcomes from our service implied, inferred, or otherwise.

Any healthcare or other education program involving Seattle Integrative Therapies, LLC in person, written, or via electronic means such as the internet, email, text message, or phone is intended to provide access to information and to benefit consumers, but is not intended to provide medical consultation regarding the diagnosis, management or treatment of any individual, nor is it intended as a substitute for the professional judgment of a physician or other health care provider. Human error, different opinions and changes in medical or other scientific practice make it important for users to also consult other sources of information. Seattle Integrative Therapies LLC strives to provide high-quality care and information but make no warranties, either express or implied.

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Website.

The official site(s) of Seattle Integrative Therapies LLC is www.seattleintegrativetherapy.com and www.seattleintegrativetherapies.com Alternate websites include SeattleIntegrativeTherapy.com, SeattleNIS.com and OptimizeYourHealth.net

Seattle Integrative Therapies (SIT) LLC, its officers, staff or members and any sponsors of the business website, the original authors, servers, Shari Schwartz and any contributors collectively or individually cannot be held liable in any way for any information and/or data and/or files made available, nor omitted on the Seattle Integrative Therapies site, during or outside of sessions, and are not responsible for any damages or liability. All of the material on this service is presented as the opinion of its contributor. Under no circumstances will the provider of this on-line service or its contributors or SIT, LLC be liable for any damages resulting from your reliance upon anything derived from this service or of any downloaded files. We strive for accuracy, but this cannot be guaranteed. Also, opinions, ideas and information linked externally with this website are not under SIT control and no endorsement or responsibility for their contents, claims, or representations should be implied or interpreted. SIT, LLC will not be liable for any direct, consequential, or other damages. SIT, LLC reserves the right to remove all or any files from its domain. SIT, LLC is not liable for protection or privacy of electronic mail or other information transferred through the Internet or other network.

Other.

Seattle Integrative Therapies LLC is a registered limited liability corporation in Washington State and is a licensed allied healthcare office in Washington State and specifically, the cities of Seattle and Kirkland, Washington. Seattle Integrative Therapies LLC also goes by the trade name Seattle Integrative Therapy.

Care Agreement:

By signing below, I voluntarily agree to receive services from Seattle Integrative Therapies LLC providers. These services may include but are not limited to: therapeutic and treatment bodywork/massage, Occupational Therapy interventions such as goal setting, exercises, and range of motion stretches, the application of topical analgesics/natural massage oils/lotions, Neurological Integration System, Emotional Freedom Technique exercises, and other typically, non-invasive, complementary healing modalities. I understand this may involve treatment over the clothed or unclothed body (always at my level of comfort), and that touch and hands-on healing from the provider is typically involved.

I understand that it is my choice to receive these services and that I may discontinue sessions at any time for any reason. I understand that providers strive to maximize my level of comfort during sessions and agree to verbalize any concerns I may have if the need arises either during or after sessions. I have the right and am encouraged to alert the provider at any time should concerns or questions arise.

I have read and reviewed the Seattle Integrative Therapies LLC Disclaimer and Care Agreement agree to these conditions. *

Full Name *

Today's Date *

Preferred Phone *

Email Address *