



Traditional & Holistic Therapeutic Services

Client Name: _____

Omni Balanced Life Center provides this form to comply with the Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

All personal information provided is regarded as confidential and may not be shared with anyone outside of our office noted below:

Please Initial:

_____ I agree that the nature and purpose of my treatment has been explained to me and that any questions I have regarded treatment have been answered to my satisfaction.

_____ I understand that with any treatment there are risks involved and that any complications from known or unknown causes could occur.

_____ I will call my treatment provider (Omni Balanced Life Center) if I have any complications or concerns as soon as they occur.

_____ I understand that educational health information from Omni Balanced Life Center does not replace medical advice from a licensed physician.

_____ I understand that results are not guaranteed, and that additional treatments and aftercare at home may be required to reach desired results.

_____ Protected health information may be shared with _____ (if any).

_____ Protected health information may be disclosed and used for treatment, payment, or healthcare operations.

_____ I have the right to revoke consent at any time in writing which will then cease all future disclosure, but this does not affect any past disclosures we have made prior to your revocation of informed consent.

_____ Omni Balanced Life Center uses a team style approach to best serve our clients. I agree to sharing any health information with other Omni Balanced Life Center practitioners to receive the best treatment outcomes.

I, _____ agree that by signing this form, I have read and understood all statements above and that my informed consent is freely and voluntarily executed. I understand that Jamie Kliewe, D.PSc. CHHP LMT is state licensed by the Department of Health, Florida Board of Massage Therapy and the Florida Board of Cosmetology to provide conventional health care services and is also licensed by the Pastoral Medical Association to provide natural health services and therapies to register members of the Member Share Network. Conventional and pastoral services are completely separate services and each is provided in strict compliance with the rules and regulations set forth by the separate licensing agencies. If receiving natural health services, I agree that I have registered with the Pastoral Medical Association. Note that if you have a complaint on our services you must direct complaints to the appropriate licensing board. For complaints regarding any state licensed services contact the state Florida Massage Board or Florida Cosmetology board. Complaints regarding natural health services must be directed to the Pastoral Medical Association.

Signature: _____

Date: _____

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