



Bushido Shiatsu Client Consent Form

Name _____
Address _____
Postcode _____
Phone _____ Mobile _____
Email _____
DOB _____
Occupation _____

The following detail is provided to explain your practitioner's obligations with regard to your supplied information, please read and sign.

- 1 The shiatsu therapist will respect the confidentiality of the therapeutic relationship and will not divulge any information about a client to anyone other than another therapist when transferring a client and this must be with the clients consent.
- 2 Exceptions to this are the use of case histories in teaching or the use of case histories for publication. In both cases the client's anonymity must be preserved and full consent in writing on a separate form must be obtained.
- 3 The client is able to gain access to their specific information documents on request.
- 4 The shiatsu therapist will safeguard your information against misuse, unauthorised access and modification.
- 5 Patient records are kept confidential at all times and access restricted to the shiatsu therapist or assistant except:
 - A Where consent has been obtained from the patient or guardian, and then only to the extent of the agreed disclosure.
 - B In an emergency or other situation where the information may prevent possible injury to the patient or other person.
 - C Where required to do so by law.

I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements and consent as listed above.

Signature

Date

(Client)

If the client is under 18 years of age, the parent/guardian is required to sign the consent form.