## **Treatment Agreement & Privacy Document**

## Your privacy

The signatories below, David Lonsdale, Shiatsu Therapist and are in agreement that a treatment using Shiatsu Therapy is performed on the basis of the information given by, and verbally discussed with you.

In order to give a good shiatsu treatment it is necessary, as a Shiatsu Therapist, that I document and compile a file of information relevant to your Shiatsu treatment. The organisation called WGBO makes this a legal requirement. Your personal file contains information about the state of your health and information about the methods of treatment, what I have observed and concluded via these methods of treatment.

In some instances, I may need to request necessary information needed for your treatment that originate from previous treatments given by another therapist. This request will only be made after obtaining your explicit permission.

I am committed to doing everything in my power to protect the privacy of your information. This means that I will take care of the management of your personal and medical information. Furthermore, that I make sure that unauthorised people or organisation have no access to your information.

As your Shiatsu Therapist, I am the only person who has the right of access to the information in your file and I am obliged by a legal and professional obligation to observe this.

The information in your file may in some situations, be used by other therapists, for example when the shiatsu treatments with me have been terminated, or in the case that I refer you to another therapist or health professional. Other possible situations that may request sharing of your information may be:

- For purposes of observation in the case that another Shiatsu Therapist takes over my Shiatsu practice during my absence.
- For anonymous use during an inter-collegial discussion, without using your name.
- A small amount of the information in your file will be used in relation to requirements of my financial and fiscal administration, for example that used on your invoice or in my accounting.

I all of the above mentioned cases and should any other reason demand that your information be used, I will not do so without first obtaining your explicit permission. The law requires that your file be kept for a period of 15 years, after which they will be shredded.

## **Privacy on the Shiatsu invoice**

The following personal information required by your health insurance company is stated on the shiatsu invoice, given after a treatment has taken place:

- Your name, address and city of residence
- Your date of birth
- The date of your treatment

-	Therapy')
-	The costs of the consultation/treatment
	e Shiatsu invoice should then be submitted to your health insurance company remuneration.
Yo	ur agreement
Cit	y and date
Na	ime

Signature