

MASSAGE THERAPY BUSINESS OFFICE DESIGN

OUTLINE

Physical Environment

Seasonal Affective Disorder
Office Design and the Americans with Disabilities Act
Design of the Reception Room
Design of the Business Office

Health and Safety Issues

Selecting Office Supplies
Office on the Go
Summary

KEY TERMS

Ergonomics
Reception room
Time and motion

LEARNING OUTCOMES

Mastery of the content in this chapter will enable the reader to:

- Define glossary terms
- Define ergonomics as it applies to the massage business office
- Describe classifications of motion
- Describe the implementation of time and motion in a massage business office
- Describe seasonal affective disorder
- Explain the effect of the Americans with Disabilities Act on office design
- Identify criteria for reception room design
- Identify criteria for business office design
- Describe factors involved in office design that relate to the Americans with Disabilities Act
- Describe the arrangement of common business equipment

In the past, more emphasis was placed on the design of the massage treatment rooms than on the design of the business office. However, planning of the business office workspace is important. This area should be ergonomically designed so business tasks are performed with the greatest efficiency. *Ergonomics* is the science that studies the relationship between people and their work environments. Interrelated physical and psychological factors are involved in the creation of a stress-free work environment. By understanding the abilities that people have and their work patterns, it is possible to design work environments that conform to the abilities and work needs. Just as when giving a massage, the appropriate use of ergonomics can make the job more productive and efficient and can reduce work-related discomfort and injuries. There are many formal ergonomics studies about office tasks, but formal studies on the ergonomics of how to best perform massage are lacking. The good news is that the information for use of the computer, telephone, and other devices is well documented. This chapter is based on current understanding of ergonomics in the workplace. Ongoing research should improve our understanding of this important topic.

PHYSICAL ENVIRONMENT

Physiologic factors include color, lighting, acoustics, heating, air conditioning, space, furniture, and equipment. Color plays a major role in how a client perceives a practice, the massage therapist, health, productivity, and morale. An attractive, cheerful, and efficient office inspires confidence and comfort in the client. A drab, dirty, or untidy office can create an attitude of doubt or mistrust. Light colors are more appealing than dark colors. Some decorators work with dark colors for walls but use lighter accent colors to downplay the dark base color. Grays are often used with tones of mauves. Certain tones of gray can be tiring, and they tend to put workers to sleep. Light hues of warm colors can create cheerful surroundings. Cool colors, such as light greens and blues, can produce a tranquil atmosphere.

Massage offices do not need to present a stark, sterile image, but they should have a neutral atmosphere. It is best to avoid specific references to political, cultural, lifestyle, or religious preferences, although there are exceptions. A theme for the massage environment may be based on a specific geographic location, such as the ocean or mountain setting. If a specific cultural style of massage is offered, such as Shiatsu, the décor may reflect a Japanese landscape. Massage therapy supports healthy lifestyles but not typically a specific path to health, such as a vegan diet or a line of herbal supplements. Individual's religious or spiritual beliefs need to be respected, and someone may be offended by a specific reference to another religion. If you have a strong desire to express your beliefs in the professional environment, be aware that this may limit the clients who are comfortable in the environment. This situation has pros and cons, depending on how

you want your massage client base to develop. The more neutral the environment and your professional presentation, the more comfortable will be a diverse population.

Designs for massage clinics or offices are adding warmth and beauty to the office while providing comfort and efficiency. A comfortable client is a happier client. Moreover, productivity is likely to be greater in a pleasant working environment. Many office plans are available; the one chosen should satisfy the needs of the massage therapists, colleagues, and clients.



SELF-REFLECTION

What are my favorite colors? What type of atmosphere do these colors create? What is my style—cozy and comfortable, clear glass and chrome, outdoors, or cultured? What type of decorating schemes are attractive—fun, tranquil, clinical, casual, or industrial? How can I develop an environment that is pleasing to me and to clients?



LEARNING ACTIVITY

In the space provided on p. 101 and using the graph, design a reception area and business office, keeping in mind the requirements of the Americans with Disabilities Act.

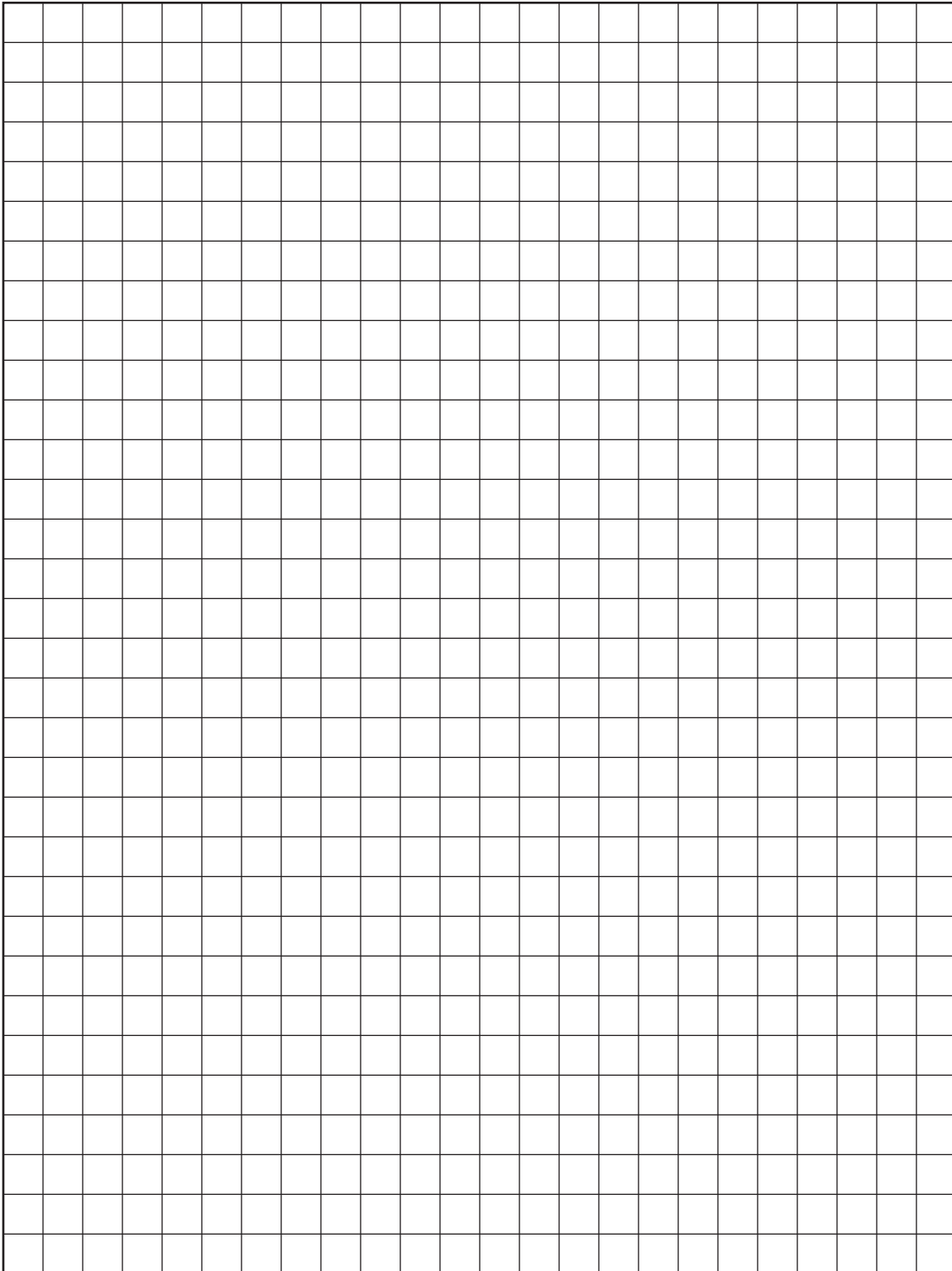
Seasonal Affective Disorder

In geographic locations where there are extremes of sunshine and darkness, clients or coworkers may experience seasonal affective disorder (SAD). Sunlight keeps the body's internal circadian clock in sync, so a person is alert and awake during the day and ready to sleep at night. A person's health, mood, and behavior can be affected when the quality and quantity of sunlight is diminished. A direct consequence of SAD can be winter depression or sleep disorders.

Many companies provide lighting systems to overcome SAD. Most of the lights are designed for the brightness needed for light therapy. With a brightness level of 10,000 lux at 24 inches, these lights have proved to be a fast and effective therapy at a comfortable distance. Most lights are easy to use and safe (no harmful UV rays). This type of lighting is recommended for the massage office.

Office Design and the Americans with Disabilities Act

Some clients have had difficulty gaining access to massage treatment rooms. The Americans with Disabilities Act of 1990 has affected the design public accessible facilities.



Using the sample graph paper above, design a reception area and business office. As you draw, keep in mind the requirements of the Americans with Disabilities Act. Use this scale: each quarter-inch line is equivalent to a foot of actual space.

BOX 6-1 Design Features of a Barrier-Free Office

The following modifications for creating a barrier-free environment comply with the Americans with Disabilities Act:

- Designate handicapped parking areas.
- Install sidewalk and curb access to accommodate wheelchairs or other devices.
- Install access ramps to building and office areas.
- Widen doors and doorways to accommodate wheelchairs and other devices.
- Install raised letters and Braille on elevator controls.
- Provide visual and sound alarms.
- Install grab bars.
- Install raised toilet seats and wider stalls.
- Make paper towel dispensers accessible.
- Install paper cup dispensers at existing water fountains.
- Eliminate plush, low-density carpeting.

BOX 6-2 Sources of Information on the Americans with Disabilities Act

Office of the Americans with Disabilities Act
 U.S. Department of Justice
 P.O. Box 66118
 Washington, D.C. 20035-6738
 1-800-514-0301 (voice)
 1-800-514-0383 (TDD)
 Internet Web site (ADA home page): <http://www.ada.gov>
 Architectural and Transportation Barriers Compliance Board
 1111 18th Street NW, Suite 501
 Washington, D.C. 20036
 1-800-872-2253 (voice)
 1-800-993-2822 (TDD)
 Electronic bulletin board: 202-272-5448
 Internet Web site: <http://www.access-board.gov>

Special attention should be directed to this act to ensure that the location of the massage business design complies with state and federal guidelines. The Justice Department issues accessibility specifications for offices, but some states have even stricter standards. Accessibility features must be incorporated into renovations of a building, and those features must be accessible from elsewhere in the building. For example, making a lobby bathroom accessible to a wheelchair client is not adequate if the client cannot get to the lobby. Box 6-1 lists recommendations for designing a barrier-free office.

The government estimates that the cost of incorporating accessibility features into new construction is less than 1% of construction costs. Because remodeling existing buildings usually is more costly, the requirements for them are less stringent. The law requires only “reasonable modifications” that are achievable with little effort; both are terms that may lead to litigation. Further information on any part of the Americans with Disabilities Act is available from the sources listed in Box 6-2 and the Web site (<http://www.ada.gov> or <http://www.access-board.gov>).

Design of the Reception Room

The *reception room* (the term *waiting room* has a negative connotation) is the gateway to the massage therapy environment and provides the client’s first impression of the massage therapist. A warm atmosphere can be created in the reception room, furnishing a comfortable living room-type environment. The massage area should reflect the theme originating in the reception room (Fig. 6-1).

Clients should be able to check in with the massage therapist or receptionist at the desk as soon as they arrive. For privacy, clients should have access to a restroom off the reception room, and appropriate signs should direct them to this area.



FIGURE 6-1. The reception room of a massage office reflects a theme. A reception room should have comfortable chairs and provide adequate seating space.

Seating in the reception room varies from office to office, depending on individual practice styles. A general rule is to provide two seats for each massage therapy treatment room in a general practice. Seating space is an important consideration. People usually do not like to have others sitting too close to them. When completing forms or other business activities, a person needs some privacy. Comfort should be the major concern when selecting furniture for this area. It needs to be sturdy but not too formal or too casual. Low, cushiony couches and armless chairs are sometimes difficult for even an agile person to get out of and even more difficult for an older adult or arthritic client. Figure 6-2 shows comfortable armchairs with a sturdy base.

Special amenities are a thoughtful gesture and include a desk-height table with an electrical outlet that makes it convenient for business people or students to bring laptop computers to use while waiting. A self-serve tea or juice bar is a considerate gesture for busy clients. These amenities send a message that the massage therapist respects the client's time and wants to make the office a friendly place to visit (Box6- 3).

Design of the Business Office

The business office workspace should provide a healthful, enjoyable environment that minimizes disruption and distraction. The factors involved in designing a business office work environment are motion economy, space planning, health issues, safety, and security. The following suggestions should be considered (Fig.6- 3):



FIGURE 6-2. Open areas allow a client personal space and work areas. (Courtesy of Dr. Neil Smith, *Bridgman Massage*, Bridgman, MI. In Finkbeiner BL, Finkbeiner CA: *Practice Management for the Dental Team*, ed 6, St. Louis, 2006, Mosby.)

BOX 6-3 Keys to Creating a Comfortable Reception Room

1. A soft warning bell or chimes should announce the client's arrival in the reception area.
2. The client's arrival should be acknowledged immediately. A clear glass window affords privacy and allows the massage therapist or receptionist to see all the activity in the reception room. When a window is used, it commonly is 44 inches from the floor and at least 36 by 36 inches. A barrier-free environment can be created with the open concept. A desk area for physically challenged clients is positioned 27 to 29 inches from the floor (see 6-3).
3. Coat racks should be convenient for children and adults. A nearby bench benefits older adults, small children, and anyone putting on boots.
4. Magazine racks can be placed on a wall or table. They should be convenient for children and adults (see Fig. 6-4).
5. If appropriate to the massage practice, a small children's corner can be included.
6. The style and number of seats and tables depend on the clients' requirements. A combination of sofas and chairs provides a comfortable seating arrangement. Chairs should be of a height and depth that afford easy seating and exiting.
7. Cordial "no smoking" signs can be posted at the entrance and in the reception room.
8. An adjoining restroom eliminates trips to the inner office.
9. Warm, soft colors; wood paneling, fabric, and textured wallpaper; nature scenes or abstract artwork; a small, unobtrusive water feature; and mirrors add warmth to the reception room.
10. Signs directing clients to various rooms should be large and easy for all clients to read.
11. Full-spectrum lighting intensity and color should be adequate for easy reading of printed materials in any part of the room.
12. Soft, relaxing music of a general style (e.g., instrumentals) can be playing in the background.

1. If your office has a receptionist, the receptionist should be seated facing the reception room.
2. Two desk heights ensure comfort and efficiency. The keyboard level should be approximately 27 inches and the writing level about 29 inches. Twenty inches is an adequate depth for most working areas. A depth of more than 30 inches is excessive; it makes reaching inconvenient and reduces the amount of floor space in the office.
3. A counter approximately 44 inches high provides a writing area for clients and privacy for the assistant and for documents on the desk (Fig.6- 4).
4. The business office clock should be out of view of clients in the reception room.
5. Master controls for the music system, heating, cooling, and lighting also should be located in the business office.

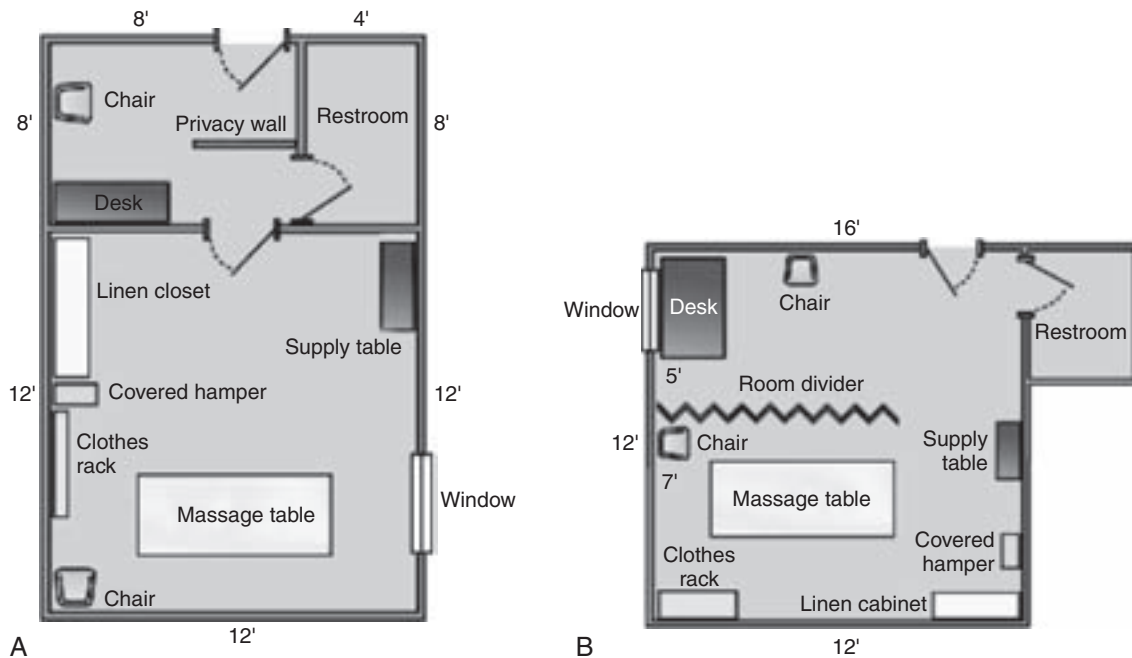


FIGURE 6-3. A, Example of the layout of a massage office with a separate business office and massage area. B, Example of the layout of a massage office with the business office and massage area in one room. (From Fritz S: *Fundamentals of Therapeutic Massage*, ed 4, St. Louis, 2009, Mosby.)

6. Lateral or open file cabinets (Fig. 6-5), at a depth of 18 inches, require less space than vertical file cabinets. These file cabinets are supplied in 30-, 36-, and 42-inch widths and with two to five drawers.
7. Cupboard space is necessary for storage of paper and supplies.
8. Small, compartmentalized areas above the desk provide easy access to items such as appointment cards and telephone message pads.
9. Telephones should be installed at each workstation and should be made hands free whenever possible.
10. Desk drawers should have full suspension for maximum use.
11. Inserts and dividers in drawers aid in organization of materials.
12. A small area adjacent to the business office set up for private calls and conversations with clients is convenient and can be used for completion of forms.



LEARNING ACTIVITY

Choose an office task such as filing or making phone calls. Do a time and motion study that identifies the most efficient placement of equipment. Analyze the components of the most efficient placement, and list a minimum of three in the spaces provided.

1. _____
2. _____
3. _____



SELF-REFLECTION

How do I support the environment in my personal and professional life? Do I recycle? Should I buy recycled products? Should I reduce paper waste and the use of hazardous chemicals? What can I do to improve conservation activities to support the "green" philosophy? How to I think my life will change as newer forms of energy are better used and government regulations impose lifestyle changes?

PRINCIPLES OF TIME AND MOTION

When determining the placement of office equipment and supplies, the principles of time and motion should be considered. *Time and motion* refer to the amount of time and degree of motion required to perform a given task.

In the early 1950s, researchers at the University of Alabama classified motions according to the amount of energy required to perform various tasks. These classifications (Box 6-4) apply to the business office tasks. Class I, II, and III motions require the least amount of energy and reduce stress.

To improve motion economy, it is often necessary to eliminate unnecessary steps or tasks, rearrange equipment and materials, organize procedures, simplify tasks, and evaluate the outcomes. The principles of motion economy (Box 6-5) can aid in accomplishing each of these goals, thereby reducing stress and increasing productivity in the practice.



FIGURE 6-4. Counter space in the business office allows the client a comfortable position for business transactions. (From Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)



FIGURE 6-5. Lateralfile. (Courtesy of Steelcase, Grand Rapids, MI.)

BOX 6-4 Classifications of Motion

- Class I: Fingers-only movement
- Class II: Fingers and wrist movement
- Class III: Fingers, wrist, and elbow movement
- Class IV: Fingers, wrist, elbow, and shoulder movement
- Class V: Arm extension and twisting of the torso

BODY POSITIONING

The massage therapist must consider proper seating arrangements during routine business activities. Just as body mechanics is a key issue in the practice of massage, the same occurs for the business functions. The following suggestions may be helpful.

BOX 6-5 Applying the Principles of Motion Economy in the Business Office

1. Position materials as close to the point of use as possible.
2. Use motions that require the least amount of movement.
3. Minimize the number of materials to be used for a given procedure.
4. Use smooth, continuous motions, not zigzag motions.
5. Organize materials in a logical sequence of use.
6. Position materials and equipment in advance whenever possible.
7. Use ergonomically designed stools or chairs to provide good posture and body support.
8. Use body motions that require the least amount of time.
9. Minimize the number of eye movements.
10. Provide lighting that eliminates shadows in work areas.
11. Avoid abrupt contrasts in room lighting to minimize eyestrain.
12. Position computer monitors to allow for line of sight to screen within 10 to 40 degrees of horizontal.
13. Provide work areas that are elbow level or 1 to 2 inches lower.



FIGURE 6-6. The Think Chair is an ergonomically designed office chair. (Courtesy of Steelcase, Grand Rapids, MI.)

When possible, all office activities should be performed in a seated position to avoid undue stress on the neck, back, and legs. A chair with a broad base, four or five casters, and a well-padded seat and back support is helpful (Fig. 6-6). Improper posture while standing or sitting can lead to fatigue, which affects productivity. The suggestions presented in Box 6-6 can help ensure the greatest comfort and efficiency. Much of the success of an office may be attributed to its efficiency and productivity without loss or waste. The goal in ergonomic

body positioning should be to work smarter and not harder. Some suggestions follow:

- Top of monitor at or just below eye level
- Head and neck balanced and in-line with torso
- Shoulders relaxed
- Elbows close to the body and supported

- Lower back supported
- Wrist and hands in-line with the forearms
- Adequate room for keyboard and mouse
- Feet flat on the floor

Figure 6-7 illustrates proper seated posture while using a computer with a tabletop monitor.

BOX 6-6 Ergonomically Correct Body Positioning

1. When a person is seated, the thighs should be parallel to the floor, the lower legs vertical, and the feet firmly on the floor.
2. When a person is using a keyboard, the arms should be positioned so that the forearms and wrists are as horizontal as possible.
3. The distance from the eye to the computer screen should be 16 to 24 inches.
4. The keyboard should tilt 0 to 25 degrees.
5. The back and neck should be erect, and the upper arms should be perpendicular to the floor.
6. The buttocks should be well supported on the chair seat.
7. The feet should be flat on the floor.

HEALTH AND SAFETY ISSUES

A variety of factors can affect the health and safety of business office personnel. For example, spending hours each day looking at a computer screen can result in eyestrain and fatigue. Repetitive keyboarding can lead to wrist discomfort and possibly to carpal tunnel syndrome, although use of an ergonomically designed keyboard (Fig. 6-8) can help reduce this stress.

The following tips can help reduce fatigue and eyestrain when working at a computer:

- Make sure the screen is neither too dark nor too bright.
- If you are using the computer continuously, take a 10- to 15-minute break every hour or so.

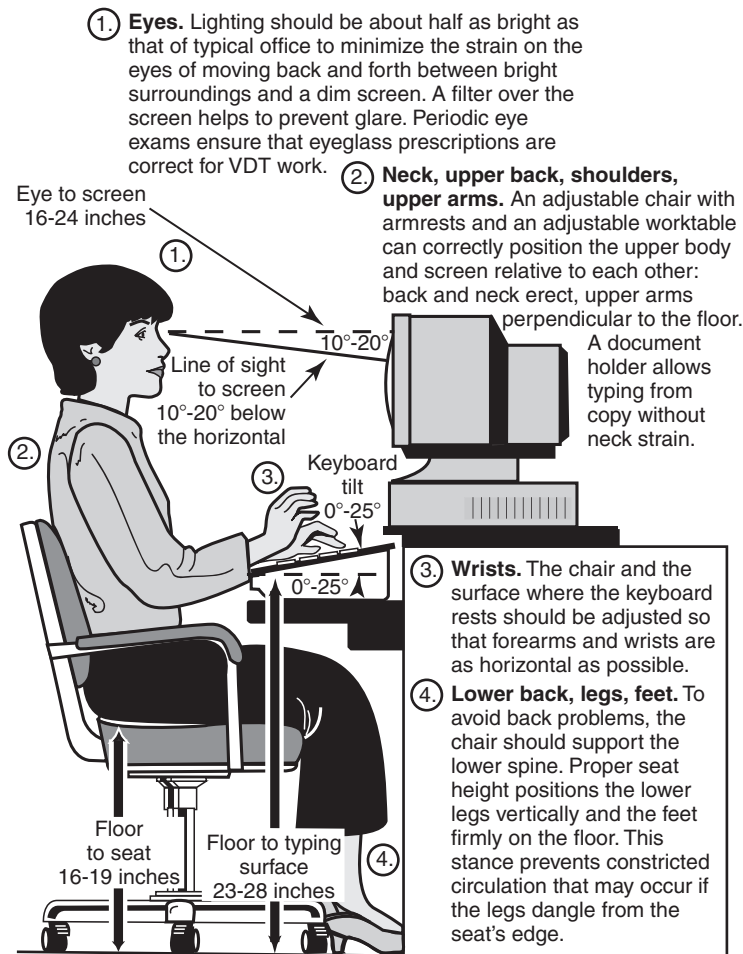


FIGURE 6-7. Good posture for computer use. (Courtesy of Nova Solutions. From Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

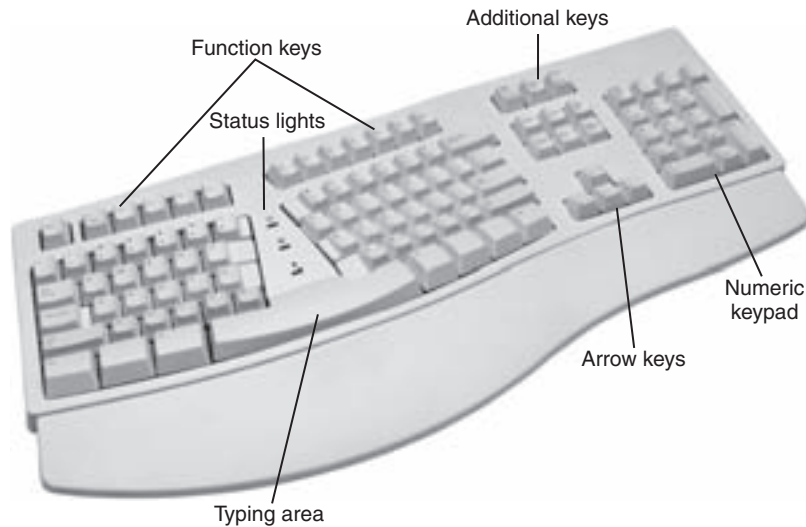


FIGURE 6-8. An ergonomic keyboard. (Microsoft product reprinted with permission from Microsoft Corporation.)

BOX 6-7 Potential Hazards

- Frayed or loose telephone cords or electrical wires
- Wires loosely secured to the floor
- Improperly grounded wall or floor switches
- Use of improper electric current to electronic equipment
- Spilled beverages or food on the floor
- Paper cutters, knives, or spindle files
- Loose floor covering on the stairs or floor
- Wearing of jewelry that can be caught in electronic equipment such as copiers
- Open files or drawers

- Use good posture.
- Stand up every half hour.
- Periodically look away from the screen for a few minutes.
- Use an ergonomically designed mouse, such as a trackball.
- Use an ergonomically designed chair.

Safety hazards can exist in the massage business office. In 1970, the Occupational Safety and Health Act was passed to ensure that workers in the United States have a safe working environment. The Occupational Safety and Health Administration (OSHA) requires employers to provide a hazard-free work environment, which is one without recognized dangers that can cause death, injury, or illness. Box 6-7 lists hazards that may be found in business offices. In massage offices, this list is compounded by the possibility of disease transmission (see Chapter 17). The lists in Boxes 6-7 and 6-8 can be used periodically to check for possible hazards.

Cleanliness and sanitation are essential. The business area needs to be cleaned at the end of each business day and checked periodically throughout the day. If beverages are offered, the area needs to be kept clean and sanitized, and the cups and other implements should be single use (e.g., paper cups) for sanitation purposes. Restrooms must be cleaned

BOX 6-8 Hazard Checklist

The following points should be evaluated routinely to ensure that safety measures have been observed:

- Floor coverings are durable and in good repair.
- Floor surfaces in clinical areas are hard and uncarpeted.
- Antislip protection is available on smooth floor surfaces.
- Electrical equipment and cords are in safe operating condition.
- Employees have been trained in proper operation of equipment.
- Only one drawer of a file cabinet is opened at a time.
- Office furniture has no sharp edges but does have stable arms and legs.
- First aid kits are well stocked and readily accessible.
- “No smoking” signs are posted in visible locations.
- All guidelines on infection control from the Occupational Safety and Health Administration (OSHA) are followed and are posted in visible locations.
- Hazard information (i.e., cleaning and disinfecting supplies) is posted and available for all employees.

and sanitized daily and checked often during the day. Whoever is responsible for cleaning needs to use standard precaution recommendations and be aware of the hazards of various cleaning materials. It is also important to be environmentally sensitive.

SELECTING OFFICE SUPPLIES

When first setting up a business office, determining what supplies will be needed may be an overwhelming task. Box 6-9 lists of the various forms and office supplies needed in a massage business office. Most office supply companies can assist you, and a variety of stationery suppliers can provide samples of stationery and forms. A walk through your favorite office

BOX 6-9 Basic Office Supplies**GENERAL SUPPLIES**

Ballpointpens
 Calendar and calendar holder
 Clear tape and tape dispenser
 Erasers
 Felt-tip markers
 Holepuncher, three-holepuncher
 Letteropener
 Maskingtape
 Paper clips (small and large)
 Penholder
 Pencilsharpener
 Pencilray
 Pens and pencils
 Rubberbands
 Rubberstamp and pad
 Scissors
 Stapler, staples, stapler remover
 Utility tray (for paper clips, pens, pencils, and other small items)
 Wastebasket

PAPER SUPPLIES

Adhesives notes
 Assorted envelopes (e.g., coin mailers, large mailing envelopes)
 Business cards
 Copy paper (assorted sizes)
 Drug reference
 Fax paper
 File folders
 File folder labels
 File guides
 Index cards
 Index tabs
 Letterhead (second sheets)
 Letterhead and envelopes
 Medical and massage dictionaries and reference texts
 Messenger reply forms
 Notepads
 Plain white paper
 Preprinted office forms
 Report covers
 Ringbinders
 Ruled letter- and legal-size writing pads

Standard dictionary
 Storage cartons
 Telephone message pads

APPOINTMENT MANAGEMENT SUPPLIES

Appointment book (optional if computerized)
 Appointment cards
 Appointment schedule forms (optional if computerized)
 Replacement sheets for appointment book (optional if computerized)
 Work or school excuse forms

CLINICAL FORMS

Clinical charts
 Colored filing labels
 Consent forms
 File guides
 Health alert labels
 Health questionnaire forms
 Client file envelopes and folders
 Referral forms
 Registration forms
 Update forms

FINANCIAL RECORD FORMS

Application for Employer Identification Number (SS-4)
 Bank deposit slips
 Bookkeeping forms (optional if not computerized)
 Checkbook and replacement checks
 Citizenship eligibility form (I-9)
 Employee's withholding allowance certificate form (W-4)
 Employer's quarterly tax return form (941)
 Employer's annual federal unemployment tax return form (940)
 Insurance claim forms
 Ledger cards and forms (optional if not computerized)
 Payroll forms
 Statements
 Transmittal of income and tax statements form (W-3)
 Wage and tax statement form (W-2)

COMPUTER SUPPLIES*

Disks, CDs, DVDs
 Cleaning materials
 Cases, labels, mailers
 Mouse pad
 Printer ribbon
 Toner cartridges

*When available, ergonomically designed supplies and materials should be purchased.

supply discount store can be fascinating, but buy only the supplies most needed, not one of everything available.

OFFICE ON THE GO

Many massage therapists work in multiple locations as independent contractors or travel to clients' homes or offices. In this case, it is necessary to have a portable office. Advances

in technology, such as a small laptop computer and smartphones, make the portable office very efficient.

A miniaturized version of the content described in this chapter creates the business atmosphere. The atmosphere of the physical environment where you perform the massage can be created with soft, warm-colored linens, a table, carrying cases, and the professional appearance of your uniform.

A well-designed briefcase that has room for the computer acts as the business office. When choosing the briefcase,

look for one that has multiple compartments for organizing business supplies and sleeves for file folders.

One of the most important activates is transporting the portable office and massage equipment to the location where services will be provided. Using roller bags and a rolling transport for the massage table is helpful. Be cautious when lifting the equipment from the vehicle. Avoid carrying equipment up and down stairs. When this is not possible, move equipment in stages. Do not attempt to carry multiple items at one time. Carry items on both sides of your body, switching often to avoid strain.

When setting up the massage area, be aware of health and safety issues. The massage table can slip on hard surface floors or mark plush carpet. A solution is to purchase large rubber coverings for the table legs or to have a separate rug

that does not slip (i.e., rubber backed) to place under the massage table. Soft music can be played on the computer or other portable device. A small fan works well to provide white noise and to improve air circulation. Make sure there are no slipping or tripping hazards. Massage lubricant on the bottoms of the feet can increase the tendency to slip.



LEARNING ACTIVITY

Make a portable office, and share ideas with fellow students. The ability to work efficiently from the portable massage office increases your potential for servicing clients who desire this type of massage service.



Good Stuff from the Government

For your convenience, links to the information in this box are provided on the Evolve Web site. Log on to the Web sites of the Small Business Association (SBA), Occupational Health and Safety Association (OSHA), Centers for Disease Control and Prevention (CDC), and a division of the CDC, the National Institute for Occupational Safety and Health (NIOSH), for more information. On the SBA Web site, you can find information on these topics (<http://www.sba.gov>):

Commercial leasing: How to get the best commercial lease for your business.

Leasing checklist: Essential elements that should be on your lease agreement.

Zoning overview: Types of zones and their specific regulations.

Zoning problems: Sometimes, a lawyer can help you get around zoning regulations.

Signage tutorial: For help making the most of your commercial signage, visit SBA's signage tutorial.

Home-based business FAQs: If your business is home-based, look at the answers to these common questions.

Zip code locator: Find most zip codes in the country.

Home-based business and government regulations: Home-based businesses face daunting restrictions from the federal and local regulations described in this research report released by Advocacy.

For health and safety topics, visit the Centers for Disease Control Web site. Ergonomics research and recommendations can be found at the U.S. Department of Labor OSHA Web site. Their eTools are Web-based products that provide guidance information for developing a comprehensive safety and health program. Topics found on this Web site include good working positions, workstation components checklist, work process, workstation environment, monitors, keyboards, pointer or mouse, wrist and palm rests, document holders, desks, chairs, and telephones.

The mission of the National Institute for Occupational Safety and Health (NIOSH services) research program for the services sector is to eliminate occupational diseases, injuries, and fatalities among persons working in these industries through a focused program of research and prevention.

SUMMARY

The environment you create for your massage business is important. Efficiency is necessary for small business owners such as massage therapists because they often have to multitask. In the larger business offices with several massage therapists and others service providers, it is essential that the business office be

designed for function. Just like the body, structure (i.e., design) affects function (i.e., daily business activities). The importance of safety cannot be overemphasized. Each design element must be evaluated for safety. It is similar to pet- or child-proofing the home. Strive for a pleasant, warm atmosphere and neutral or generic design to best respect the tastes of most people.

Bibliography

Address AA: *Saunders Textbook of Medical Office Management*, ed 2, St. Louis, 2003, Elsevier.

National Institute for Occupational Safety and Health: www.cdc.gov/NIOSH/

Evolve Annotated Web Links

<http://evolve.elsevier.com/Fritz/business>

U.S. Small Business Association:

Commercial leasing: http://www.sba.gov/smallbusinessplanner/start/pickalocation/SERV_BP_CLEAVE.html

Leasing checklist: http://www.sba.gov/smallbusinessplanner/start/pickalocation/serv_bp_lclst.html

Zoning overview: http://www.sba.gov/smallbusinessplanner/start/pickalocation/SERV_BP_ZOVIEW.html

Zoning problems: http://www.sba.gov/smallbusinessplanner/start/pickalocation/SERV_BP_ZPROB.html

Signage tutorial: <http://www.sba.gov/smallbusinessplanner/start/pickalocation/signage/index.html>

Home-based business FAQs: http://www.sba.gov/smallbusinessplanner/start/pickalocation/SERV_BP_HOMEFAQ.html

Home-based business and government regulations: http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sbp_rs35.pdf

Pick a location: <http://www.sba.gov/smallbusinessplanner/start/pickalocation/index.html>

Americans with Disabilities Act Home Page: <http://www.ada.gov>
Centers for Disease Control and Prevention: <http://www.cdc.gov/>

National Institute for Occupational Safety and Health (NIOSH services) Ergonomics: www.cdc.gov/NIOSH/

U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), computer workstations: <http://www.osha.gov/SLTC/etools/computerworkstations/index.html>

United States Access Board: <http://www.access-board.gov>

Workbook

- List eight suggestions for the design of a reception room.

- Discuss factors to consider when signing a business office.

- Describe the impact of the Americans with Disabilities Act on a massage practice.

- Describe the concept of time and motion as it applies to a massage business office.

- On a separate piece of paper, use equipment suggested from the previous chapter and suggestions for office design from this chapter to develop an office design that could be used for a typical massage practice in your geographic area. Consider the latest electronic equipment, and include suggestions for color and texture of flooring, walls, and lighting.

DOCUMENTATION

OUTLINE

Health Insurance Portability and Accountability Act Records Management

Categories of Records

Vital Records
Important Records
Useful Records
Unimportant Records

Client Records

Clinical Record
Entering Data on a Clinical Chart
Records Retention
Records Transfer

Business Records

Summary

KEY TERMS

Clinical abbreviations

Clinical record

Consent form

Health history

Health Insurance Portability and
Accountability Act (HIPAA)

Important records

Information management

Records management

Statute of limitations

Unimportant
records

Useful records

Vital records

LEARNING OUTCOMES

Mastery of the content in this chapter will enable the reader to:

- Define key terms
- Define HIPAA
- Describe how to implement HIPAA regulations in the massage office record management system
- Identify the types of records maintained in a massage office
- Categorize various types of records
- Distinguish between active and inactive records
- List the components of a clinical record
- Describe the function of the components of a clinical record
- Explain the rules for data entry on client records
- Explain the use of symbols and abbreviations in clinical records
- List the components of client financial records
- Identify the types of records required by the Occupational Safety and Health Administration (OSHA) to be maintained in a massage office
- Identify the types of employee records
- Explain the importance of maintaining accurate records
- Describe methods of records retention and transfer

ⓔ Guidelines for the Learning Activities and answers to the Workbook questions are located on Evolve at <http://evolve.elsevier.com/Fritz/business>.

Maintaining complete and accurate documents is an important part of the successful management of a massage practice. The massage therapist is required to maintain clinical, financial, employee, state, and federal records. Failure to perform any of these tasks can be a costly experience for the massage professional.

This chapter is a nuts and bolts chapter. This kind of information can be somewhat tedious to learn, but if business and client records are not attended to, the result can be frustrating and possibly illegal. Because the massage professional can work in multiple environments, from the very informal, single-person, part-time practice to a very formal, integrated, multidisciplinary health care practice, it is necessary to cover this topic in a comprehensive manner to prepare for multiple work environments. The implementation of a documentation system by the massage therapist depends on the focus of the massage business. It is better to do more documentation than less, because the various liability insurance programs for massage therapy can use the documentation to defend you in case of a lawsuit or insurance claim.

There are many aspects of the documentation and record keeping process. Various legislative actions influence how we keep records. One of the more comprehensive changes has been the implementation of the Health Insurance Portability and Accountability Act.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The *Health Insurance Portability and Accountability Act* (HIPAA) of 1996, which became effective in April 2003, has affected the massage profession. It has generated much confusion about how massage therapists need to respond to the requirements of the act. Administrative simplification provisions of HIPAA have affected the massage profession whether the massage therapist is employed or works in the health care system. These provisions require national standards for electronic health care transactions. Massage therapists who transmit health information in an electronic transaction are required to use a standard format. The most affected area in the massage office is transmission of insurance claim forms, which are reviewed in Chapter 14. However, the impact of privacy in the management of client records is a primary concern, and in that regard, HIPAA reinforces the need for confidentiality in *records management* by the massage therapist even if they work in a non-health care environment, such as a day spa.

HIPAA laws may seem daunting at first. However, when you realize that the purpose is to protect and enhance clients' rights, it becomes a positive action because everyone is a client at one time or another. Protecting health information is the right thing to do, and it promotes safe practice for

everyone. It is also a good risk management, helping each massage professional to prevent potential litigation. Security regulations, which the Department of Health and Human Services released under HIPAA, were conceived to protect electronic client health information. Protected client health information is anything that ties a client's name or Social Security number to that person's health, health care, or payment for health care.

Each massage professional should become familiar with state and federal laws because these laws are often more stringent than federal laws. It would be necessary for the massage therapist working in an environment that is HIPAA compliant be trained to maintain HIPAA policies and procedures on the worksite. This would typically be the responsibility of the office manager in a health care environment, but it is still necessary for the massage therapist to understand the procedures and policies of the work environment (Fig. 7-1).

Specific HIPAA compliance training would include training on the forms used by the organization. The Notice of Privacy Practices policy presents information that the massage professional is required to give clients regarding the office's privacy practices. This form may need to be changed to reflect the massage practice's particular privacy policies or stricter state laws. The name of the practice should be on the notice, and it must be given to each client at the date of the first service. The notice should be posted in a clear and prominent location in the office that is visible to any client seeking service (Fig. 7-2).

Acknowledgement of Receipt of Notice of Privacy Practices (Fig. 7-3) is the form the client signs to acknowledge that he or she has received a copy of the Notice of Privacy Practices. If the client refuses to sign the form, it is indicated on the form that an attempt was made to have the client sign in the in-office section on the form. The client may also choose to sign a separate refusal form that may then be placed in the record.

Business Associate Contract Terms is a contract form that satisfies the obligation under the HIPAA and its implementing regulations issued by the U.S. Department of Health and Human Services. This form ensures the integrity and confidentiality of protected health information that a business associate may create or receive. To ensure that records are maintained for clients, a preprinted chart divider provides a permanent record of important HIPAA information for clients' files.

RECORDS MANAGEMENT

A massage office operates on information, which is created, processed, stored, printed, and distributed in many forms to various sites. The massage therapist must establish a logical, functional system for storing and retrieving information. This process is known as records management or

Who Should be Trained?

The HIPAA Privacy Rule stipulates that all members of the enterprise workforce receive training that is appropriate to their organizational roles. The "workforce" includes employees, volunteers, trainees, and other persons who work for a covered entity, whether or not they are paid by it. Some staff members will need to be trained in applying specific policies and procedures, such as provision of the notice of information practices or obtaining authorizations. Others, such as those who rarely have access to PHI, may require only an overview of HIPAA's background, objectives, principles, and general regulatory requirements.

New employees who join the organization must receive training within a reasonable period of time. It is often practical to include HIPAA privacy training in new employee orientation programs, particularly because privacy principles easily fit into discussions of the organization's mission and infrastructure. Workforce members who change jobs or receive new responsibilities must receive additional training if their new job duties include new patient privacy-related responsibilities. Further, the Privacy Rule requires retraining for each member of the covered entity's workforce whose functions are affected by a material change in the policies or procedures.

Covered entities also must document that privacy training has been provided. Though there is no requirement that members of the workforce sign a certificate following training, it is useful to document training completion by each worker, for future verification purposes.

What Should Your Training Program Cover?

The Privacy provisions do not prescribe the nature of the required training; HHS has left the design, approach, and specific content to the discretion of the covered entity. However, at the very least, it is recommended that the following topics be covered with all members of the workforce. In addition, more specialized training on detailed HIPAA requirements and internal procedural changes must be tailored for workforce groups that will be directly affected by them in the course of their work.

- Principles and objectives of HIPAA Privacy
- Background—What is protected health information (PHI)?
- Need for privacy of PHI
- Overview of HIPAA privacy regulations, including penalties
- Individual's rights regarding privacy
- Individual's rights regarding control of uses & disclosures of PHI
- Individual's right to request access, accounting, amendment
- New organizational privacy policies and procedures
- Sanction policy
- Notice of privacy practices
- Authorizations for use and disclosure
- Privacy Officer role and contact information
- Complaint policies and procedures
- Cooperating with investigations or audits
- How to report a violation and the whistleblower policy
- Organization's commitment to patient privacy integration with transactions standardization and security mandates

FIGURE 7-1. Health Insurance Portability and Accountability Act (HIPAA) document. (Modified from D'Arcy GG: *The first and last word in privacy compliance*, Dallas, TX, Phoenix Health Systems, 2003. Available at <http://www.hipaadvisory.com/regs/compliancecal.htm>, (accessed June 2009). In Fritz S: *Mosby's Fundamentals of Therapeutic Massage*, ed 4, St. Louis, 2009, Mosby.)

information management. Records begin with inception and end with disposition (Fig. 7-4):

Creation: This is the origination of the data. In the case of a client record, creation begins with the completion of a client registration form and health questionnaire. A permanent record usually is started on paper or the data entered into the computer. If the person is a transient client (comes in for just one massage), the form for

recording the data may be different from the standard form, and the record may not be stored with the active clinical charts.

Distribution: In this stage, the information may be distributed manually or electronically. It includes sending the client's *clinical record* to the massage therapist if a receptionist is collecting the initial data or to a physician for diagnosis after the record has been completed and referral is indicated.

Notice of Privacy Practices (NPP) Policy

Effective date of policy: _____

Every client will receive a Notice of Privacy Practices. These practices may vary from business to business:

- It **MUST** be distributed to clients and you must get written documentation from the client that he/she received this notice.
- You must post an abbreviated notice prominently in the office.
- You may distribute it via e-mail with a return receipt.
- If you have a business Web site, it must be posted on the Web site.
- You must make a reasonable effort to assure that each client gets a Notice of Privacy Practice on his or her first date of service and document this effort in writing.

In the event that the client does not get a notice while in the office, you should mail the notice to him or her on the same day, and document why it was not given to the client at the time of service and that the notice was mailed.

This office will comply with all aspects as printed in our Notice of Privacy Practices and our privacy notice will be in compliance with all appropriate laws and regulations, federal, state, and local.

FIGURE 7-2. Client's privacy acknowledgement.

[Your Office Letterhead]

Sample HIPAA Acknowledgement Form

We are required to provide you with a copy of our Notice of Privacy Practices (NPP) policy, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received a copy of the office's Notice of Privacy Practices (NPP).

Please print your name here.

Signature

Date

FIGURE 7-3. HIPAA acknowledgement form. (From Fritz S: Mosby's Fundamentals of Therapeutic Massage, ed 4, St. Louis, 2009, Mosby.) © This form is available for use on Evolve at <http://evolve.elsevier.com/Fritz/business>.

Use: The massage therapist evaluates the data, develops the massage treatment or care plan, or refers the data to an appropriate location for maintenance.

Maintenance: This stage of the process involves determining whether the data or information should be retained. If it is to be retained, the massage therapist must decide the best way to store it for easy retrieval and how long it should

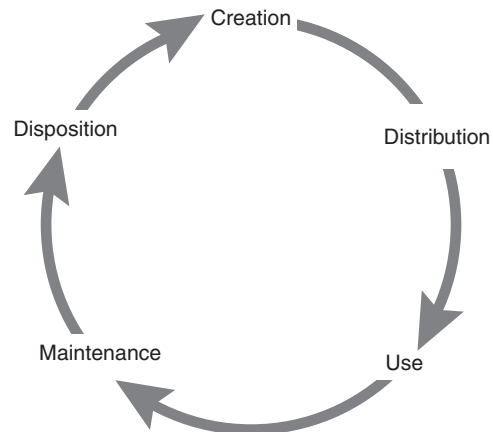


FIGURE 7-4. Life cycle of a record: creation, distribution, use, maintenance, and disposition. (From Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

be stored. If the client is to be seen again and become a client of record, the clinical record is filed alphabetically electronically or in a file folder and envelope in a protected file. Some components of the record, such as notes the massage therapist made during evaluation, can be destroyed. Only the pertinent data must be kept.

Disposition: At this stage, it must be determined whether the record should be destroyed because it no longer has value to the office or should be stored permanently as an important document. The clinical record is vital and must be retained for a period consistent with the state *statute of limitations*. Electronic data can be transferred to disks for storage. Paper records, which have no backup, must be kept in a safe, dry area.



SELF-REFLECTION

How organized are my closet, my kitchen, and my personal business records? Do I put off filing and picking up or putting away clutter? How long does the laundry pile up? After it is washed, do I put it away immediately? How long does it stay in the laundry basket? How many catch-all (junk) drawers do I have? Do I easily lose things? (Note: If most answers are yes, you need to regularly examine your documentation and record keeping. Put a note on your calendar to inspect records, or hire someone to assist you with this task.)

CATEGORIES OF RECORDS

The massage therapist must decide which records to keep, how to organize and store them, how long they legally must be retained, and when to dispose of them. In general, records can be categorized as vital, important, useful, or unimportant and as active or inactive.

Vital Records

Vital records are essential documents that cannot be replaced. They include client clinical and financial records and the practice records, such as rental agreement, insurance policies, and tax records. These records should be kept in a fireproof, theft-proof vault or safe, and copies often are kept in a protected, off-site location, such as a safe deposit box at a bank.

Important Records

Important records are extremely valuable to the operation of the office, but they are not vital. They include accounts payable and receivable, invoices, canceled checks, inventory and payroll records, and other federal regulatory records. Such records may be needed for a tax audit or if a question arises about a financial transaction. Important records should be retained for 5 to 7 years. Most offices keep them for about 7 years or in accordance with federal or state regulations.

Useful Records

Useful records include employment applications, expired insurance policies, petty cash vouchers, bank reconciliations, and general correspondence. This category is difficult to define, because one office may consider a document useful, whereas another may find it indispensable. These records usually are retained for 1 to 3 years.

Unimportant Records

Unimportant records are the documents that lie around, have little importance, and take up space. They include items such as notes to you, reminders of meetings, outdated announcements, and pamphlets. Common sense dictates when these materials may be discarded.

CLIENT RECORDS

Client records usually fall into two categories: clinical and financial. A recall system is another type of record that is retained separate from the clinical chart but which could be considered a type of clinical record. Clinical records are reviewed in this chapter; financial records are discussed in Chapter 15. The software packages typically have functions for these types of records. See the Evolve site for screen shot examples.

Clinical Record

The clinical record is a collection of all the information about the client's massage treatment. The client's clinical record is used during massage treatment, and updating and

maintaining this record is the massage therapist's responsibility. Success in maintaining clinical records requires cooperation and efficiency from each member of the massage/health care team.

Accurate clinical records are vital for several reasons:

1. In treatment of the client, clinical records serve as a road map. They contain the client's history and outline future plans for massage intervention.
2. In a malpractice suit, the massage record is legally admissible as evidence. It can be used for or against the massage therapist.
3. In third-party payment plans, the consultants representing the carrier may review the clinical chart and other parts of the clinical record to determine whether services have been rendered adequately.
4. The record acts as verification of treatment rendered for Internal Revenue Service purposes.
5. If the client's health insurance covers massage treatment, the record should be recorded in a manner that is acceptable to the Insurance Company. To be on the safe side, use the subjective, objective, assessment, and plan (SOAP) format that is used in the medical field.

A client's clinical record commonly has the following components:

- Client file envelope or folder
- Registration form (e.g., name, address)
- Health questionnaire and update forms
- Medication history
- HIPAA acknowledgment form (if necessary)
- Clinical chart, including treatment record or progress notes (SOAP or other style)
- Consultation and referral reports (from other health care professionals or if you provide referral information)
- Massage treatment or session plan
- Consent forms
- Letters and postal receipts
- E-mail correspondence

With more massage practices moving toward computerized systems, client records and files are changing. More of the data will be stored in the computer, and the need for paper copies of these documents will decline. Purchased forms may need to be specifically adapted for massage therapy. As the profession grows, it is likely that more companies will produce forms specifically for massage. Major textbooks on massage education also have examples of forms.

CLIENT FILE ENVELOPE OR FOLDER

In most massage practices, use of an 8.5 by 11 inch file envelope or folder guards against misplacement of records. In practices in which clients do not return on a regular basis, a file may be created to hold a collection of these records. File envelopes may be plain or color-coded. They are supplied

in a preprinted format with spaces for client information, including the client's name, address, and telephone number (Fig. 7-5). This type of envelope is widely used and satisfies the needs of many practices.



FIGURE 7-5. Envelopes for clients' files. (Courtesy of Colwell, Division of Patterson Companies, Champaign, IL. In Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

Another common type of storage for client records is an end-tab file folder with one or two two-hole fasteners (Fig. 7-6A and B). This type of folder requires the use of vertical-style records. The folders generally have a reinforced tab for easy label placement. They also are precut for quick insertion of a two-hole file fastener. Options include folders with pockets and diagonal cuts and expandable folders. Other auxiliary aids for these records include the hole punch, perm-clip fasteners, and polyvinyl pockets (Fig. 7-6C and D).

Whether folders or envelopes are used, some form of color-coding is necessary to make sorting, storing, and retrieval easier. Color-coding can be done as an alphabetical system or, in a group practice, can be categorized by practitioner.

CLIENT REGISTRATION FORM AND HEALTH HISTORY FORM

Although they are often combined, the client registration form and health history form contain two different types of data. They should be retained because they provide more detailed information about the client.

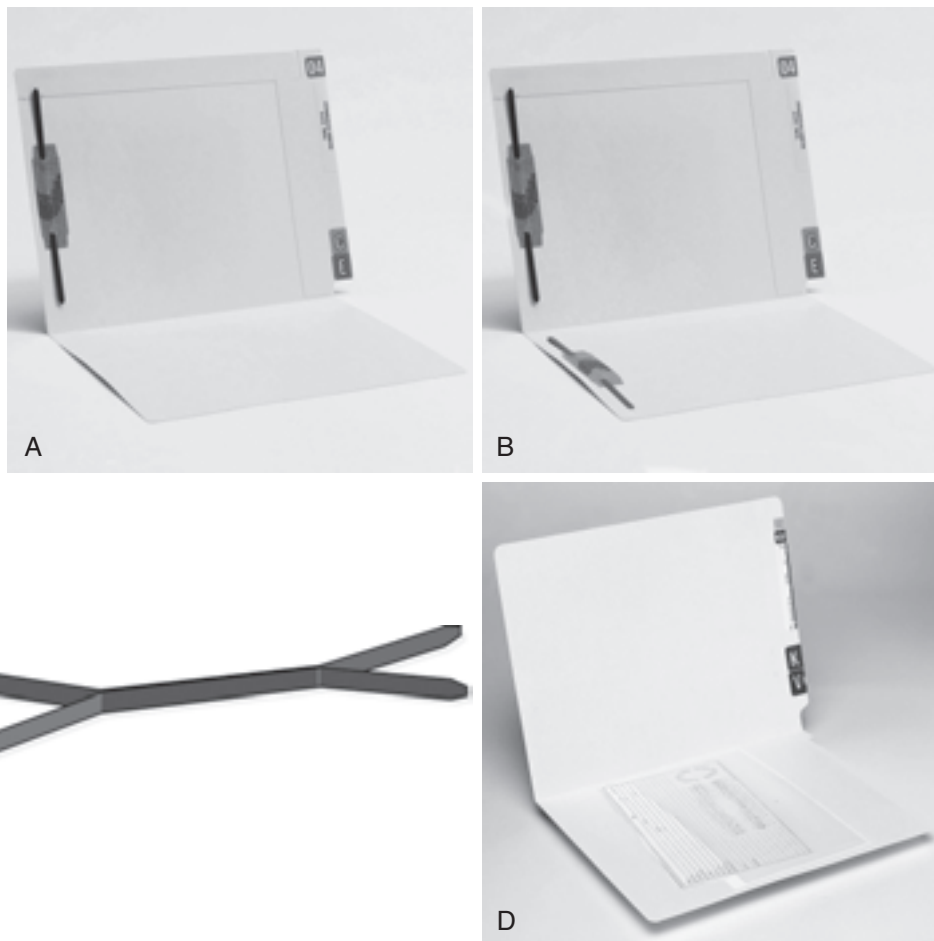


FIGURE 7-6. A, File folder with one two-hole fastener. B, File folder with two two-hole fasteners. C, Twin-prong fasteners for fastening pages to either side of a file folder. D, Polyvinyl pocket. (A–D, Courtesy of Colwell, Division of Patterson Companies, Champaign, IL. In Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

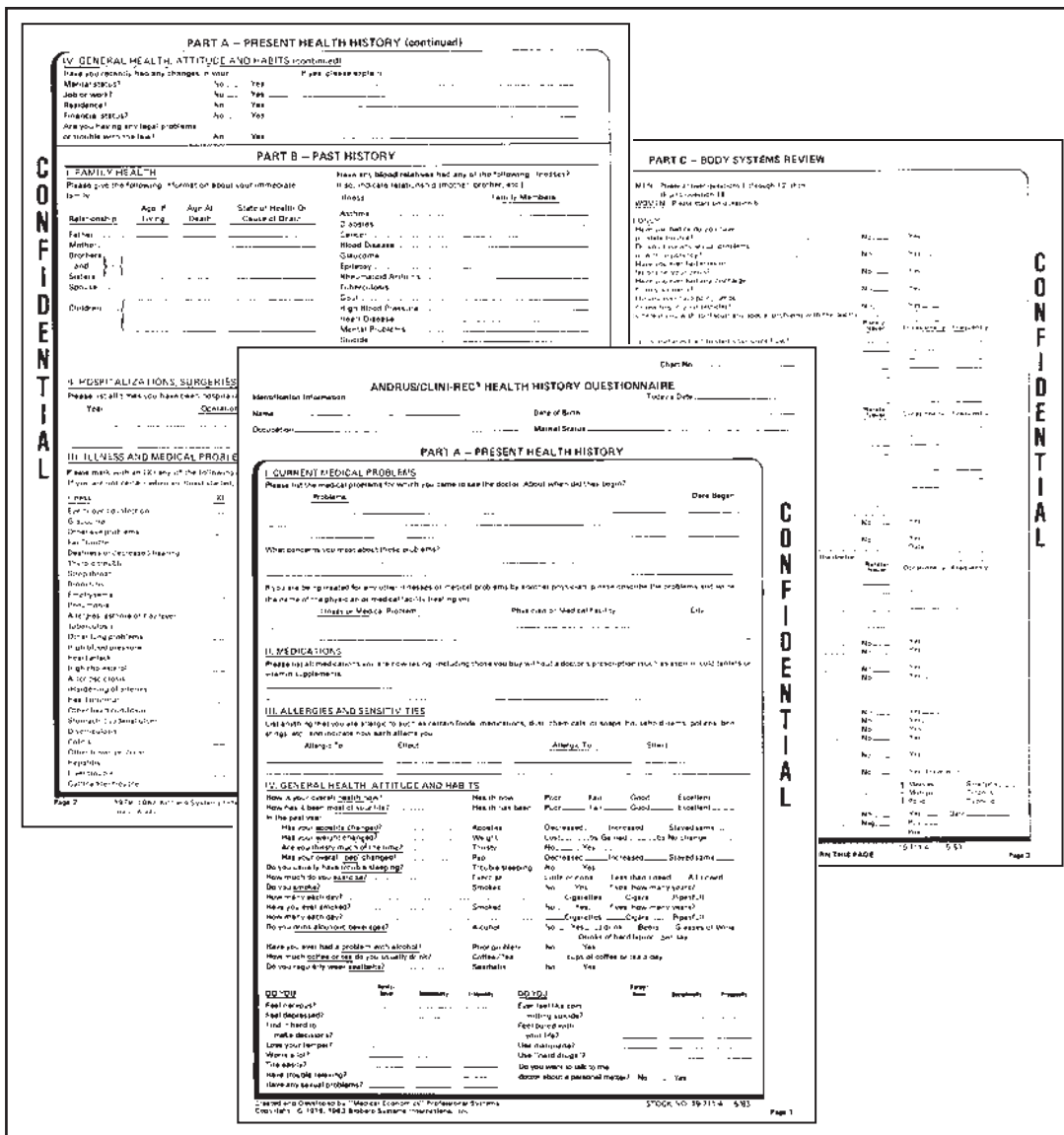


FIGURE 7-7. Examples of registration forms. (Courtesy of Bibbaro Systems, Int'l.)

The client registration form contains general information, such as addresses and telephone numbers, as well as employment and insurance information. Figure 7-7 shows common types of registration forms. Each client should fill out a *health history* form (Fig. 7-8) and date and sign it. If the massage therapist prefers to ask these questions in person, the client should verify the answers recorded and sign the form.

The health history form for children should be completed by a parent or guardian, not by the child or a babysitter. Make sure no nicknames are used and that all data are accurate, because this information is used later to complete insurance forms (Fig. 7-9; see Figs. 7-7 and 7-8).

The client's history should be reviewed when the person returns for treatment if several months have elapsed since the last visit. A health history update form should be completed periodically to keep the health history (Fig. 7-10A)

and the personal information (Fig. 7-10B) current. The client should sign and date this form.

Many types of client registration and health history forms are available. Figure 7-11 is an alternative registration and health history form for children. Regardless of the form used, it is important to remember that a current, accurate health history serves as a preventative measure in client treatment and as a defense in malpractice suits.

When collecting the data on these forms, consider the following points:

- Give the client the form on a clipboard to which a black ballpoint pen (not a pencil) has been attached.
- Do not ask the questions in the business office. Some answers may be embarrassing if overheard by other clients in the reception room. Clients often give more information if they do not have to respond orally.

CLIENT INTAKE INFORMATION FORM									
Name: _____					Date: _____				
Address: _____			City: _____		State: _____		Zip: _____		
Phone: (day) _____		(eve) _____		Date of Birth: _____					
Occupation: _____					Employer: _____				
Referred by: _____					Physician: _____				
Previous experience with massage: _____									
Primary reason for appointment/areas of pain or tension: _____									
Emergency contact—name and number: _____									
Please mark (X) for all conditions that apply now. Put a (P) for past conditions, an (F) for family history of illness.									
Pain Scale: minor-1 2 3 4 5 6 7 8 9 severe-10									
___ headaches, migraines			___ chronic pain			___ fatigue			
___ vision problems, contact lenses			___ muscle or joint pain			___ tension, stress			
___ hearing problems, deafness			___ muscle, bone injuries			___ depression			
___ injuries to face or head			___ numbness or tingling			___ sleep difficulties			
___ sinus problems			___ sprains, strains			___ allergies, sensitivities			
___ dental bridges, braces			___ arthritis, tendonitis			___ rashes, athletes foot			
___ jaw pain, TMJ problems			___ cancer, tumors			___ infectious diseases			
___ asthma or lung conditions			___ spinal column disorders			___ blood clots			
___ constipation, diarrhea			___ diabetes			___ varicose veins			
___ hernia			___ pregnancy			___ high/low blood pressure			
___ birth control, IUD			___ heart, circulatory problems						
___ abdominal or digestive problems			___ other medical conditions not listed						
Explain any areas noted above: _____ _____									
Current medications, including aspirin, ibuprofen, herbs, supplements, etc.: _____ _____									
Surgeries: _____									
Accidents: _____									
Please list all forms and frequency of stress reduction activities, hobbies, exercise, or sports participation: _____ _____									

FIGURE 7-8. Sample history form. This information is provided by the client. The key to completing the form is to ask questions. (From FritzS: *Mosby's Fundamentals of Therapeutic Massage, ed 4, St. Louis, 2009, Mosby.*) © This form is available for use on Evolve at <http://evolve.elsevier.com/Fritz/business>.

- When making appointments for new clients, ask them to arrive 15 minutes early to allow time for completion of these forms.
- Make sure a parent or legal guardian completes the form for a child.
- Keep the information absolutely confidential. The client record is not for public review and should not become a feature of lunchtime gossip.
- Review the form to ensure that it has been completed and signed. Clients may avoid questions they do not understand or do not want to answer. If the client says, “I don’t think this question has anything to do massage,” explain how it relates to massage care. If the question cannot be justified, it should not be on the form.

Client ID number _____

Today's date _____

We strive to make each of your child's visits pleasant and comfortable.
Please fill out this form completely in ink.

Your child	
Child's name _____	Sex _____ Age _____
Nickname _____	Social security number _____ Birthdate _____
School _____	Grade _____
Child's home address _____	
City, State, Zip _____	Phone _____
Responsible party	
Name _____	Relationship _____
Address _____	
City, State, Zip _____	Phone _____
Social security number _____	DL number _____
Who is responsible for making appointments? _____	
Parent or guardian information <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian	
Name _____	
Home phone _____	Work phone _____
Employer _____	Occupation _____
Social security number _____	DL number _____
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Parent or guardian information <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian	
Name _____	
Home phone _____	Work phone _____
Employer _____	Occupation _____
Social security number _____	DL number _____
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Primary insurance	
Insured's name _____	Relationship _____
Birthdate _____	Social security number _____
Employer _____	Date employed _____
Insurance company _____	Group number _____
Insurance company address _____	City _____ State _____ Zip _____
Deductible _____ Copay _____	Amount already used _____ Maximum annual benefit _____
Additional insurance	
Insured's name _____	Relationship _____
Birthdate _____	Social security number _____
Employer _____	Date employed _____
Insurance company _____	Group number _____
Insurance company address _____	City _____ State _____ Zip _____
Deductible _____ Copay _____	Amount already used _____ Maximum annual benefit _____

FIGURE 7-9. Registration and health history form for children used in health care. (Courtesy of SYCOM, Madison, WI. In Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)



LEARNING ACTIVITY

Create a client registration and health history form. Pair with a series of partners, and complete the client registration and health history forms created after reading the guidelines in this section. Remember that a person's privacy is protected by law. Some questions shown as examples may be considered discriminatory or in violation of a client's rights. Consequently, the massage therapist must be aware of the state laws that protect a person's rights and change the form to accommodate these rights.

CLINICAL CHART

A wide selection of massage charts is available for use in the massage office. The massage therapist may purchase a standard form or may design one specifically suited for the needs of the practice.

Most charts are 8.5 by 11 inches, made of heavy paper stock, and printed on both sides. Many of these charts are die-punched to fit into a file folder. One side of the record contains a massage chart, a review of the client's health history, and general client information. The reverse side provides space for entering the treatment plan and recording services rendered. Some charts have space for entering the fee, but this should not become the client's financial ledger.

HEALTH HISTORY UPDATE _____

Client: _____ Date: _____

1. Have there been any changes in your health since your last visit?

2. Have you recently required other health services? _____
If yes, nature of care _____
3. Physician's name: _____
4. Have you been hospitalized since your last visit? _____
If yes, nature of problem _____
5. Any new illnesses? _____

6. Are you taking any medication(s) now? _____
To treat: _____
Name & dosage: _____
7. Do you have any new allergies or reactions to any medications or drugs?

8. Women only: Are you pregnant? _____ If yes, due date: _____
9. Any other new diseases, conditions, or problems you think we should know about? _____

Client Signature: _____

Massage Therapist Signature: _____

Form 4001 • 1200 SYCOMB • 1-800-355-8141

A

FIGURE 7-10. A, Health history update form. B, Personal information update form. (Courtesy of SYCOM, Madison, WI. Modified from Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

PERSONAL INFORMATION UPDATE

Name _____ Date _____

1. Has your name changed since your last visit here? ___ yes ___ no
 If yes, what was the old name? _____
 What name do you use for insurance if different than above? _____

2. If you have a new or different address since your initial visit here, please indicate below:

Please indicate if any apartment # or P.O. Box # _____

3. Has your marital status changed? ___ yes ___ no

4. Has your telephone number changed? ___ yes ___ no
 Please indicate your correct telephone number _____

5. Has your employment changed? ___ yes ___ no
 Please indicate your new employer name and address:

New employer telephone #: _____

6. Have you changed insurance companies? ___ yes ___ no
 If yes, please indicate your new insurance carrier and address.

Primary _____ Secondary _____

Group Nos. _____ Group Nos. _____
 Subscriber Nos. _____ Subscriber Nos. _____

7. Who is responsible for this bill? _____

8. Signature _____

Thank you for your assistance.

Form 4205 - 06/04 - BYCOMB 1-800-350-0141

B

FIGURE 7-10, cont'd

CHILD REGISTRATION

Child's name _____ Date _____

Birth date _____ Age _____

Nickname _____ Hobbies _____

Parent's name _____

Residence-street _____

City _____ State _____ Zip _____

School _____

Telephone: Residence _____ School _____

Father employed by _____

Present position _____ How long held _____

Mother employed by _____

Present position _____ How long held _____

Referred by _____

Who will pay this account _____

Purpose of call _____

Name of father's insurance co. _____

Policy number _____

Name of mother's insurance co. _____

Policy number _____

Parents' Social Security numbers: Father _____

Mother _____

Parent's birth dates: Father _____

Mother _____

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A

FIGURE 7-11. Alternativer egistration (A) and health history (B) form for children. (Courtesy of SYCOM, Madison, WI. In Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

Information For Emergency Treatment

Date of last medical examination _____

Does child have or has child ever had:

	Yes	No
Anemia	_____	_____
Diabetes.....	_____	_____
Hepatitis.....	_____	_____
Allergies	_____	_____
To penicillin	_____	_____
To local anesthetic	_____	_____
Abnormal heart condition	_____	_____
Abnormal bleeding from a cut	_____	_____
Rheumatic fever.....	_____	_____
Heart murmur.....	_____	_____
Is your child under the care of a physician now	_____	_____
Is any medication being taken now.....	_____	_____
If so, what _____		

Other physical conditions _____		

Name of physician _____		
Telephone number _____		
Information given by (signature) _____		

Date	Service Rendered	Charge	Credit	Balance

B

FIGURE 7-11, cont'd

card, and it need not include a record of payments and balances. Several of the illustrations can help to familiarize you with some of the different types of clinical charts (Figs. 7-12 to 7-14; see Figs. 7-10a and 7-11).

MASSAGE ASSESSMENT AND TREATMENT FORM

The massage assessment and treatment form includes the massage therapist’s assessment of the client and the recommended treatment plan (see Figs. 7-13 and 7-14). In many cases, the client can select options in the treatment plan, such as the addition of essential oils or hydrotherapy methods, if the massage therapist is trained to provide them. After the assessment has been completed and treatment has been

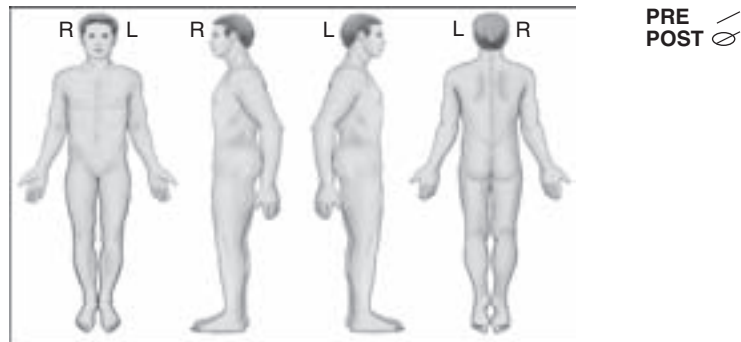
accepted by the client, the form is signed by the client (parent or guardian in the case of a minor).

CONSULTATION AND REFERRAL REPORT

In some cases, the massage therapist refers a client to another health care professional or different type of bodywork practitioner for examination, evaluation, treatment, and diagnosis. The form shown in Figure 7-15 includes information about the client, the reason for the referral, and an anticipated treatment plan. This form is sent to the referring professional, and a copy is given to the client. The consultant enters an evaluation and recommendation on the form and returns it to the massage therapist.

MASSAGE ASSESSMENT/PHYSICAL OBSERVATION/PALPATION AND GAIT

Client Name: _____ Date: _____



OBSERVATION & PALPATION		
ALIGNMENT	RIBS	SCAPULA
Chin in line with nose, sternal notch, navel	Even	Even
	Springy	Move freely
Other:	Other:	Other:
HEAD	ABDOMEN	CLAVICLES
Tilted (L)	Firm and pliable	Level
Tilted (R)	Hard areas	Other:
Rotated (L)	Other:	ARMS
Rotated (R)	WAIST	Hang evenly (internal) (external)
EYES	Level	(L) rotated <input type="checkbox"/> medial <input type="checkbox"/> lateral
Level	Other:	(R) rotated <input type="checkbox"/> medial <input type="checkbox"/> lateral
Equally set in socket	SPINE CURVES	ELBOWS
Other:	Normal	Even
EARS	Other:	Other:
Level	GLUTEAL MUSCLE MASS	WRISTS
Other:	Even	Even
SHOULDERS	Other:	Other:
Level	ILIAC CREST	FINGERTIPS
(R) high / (L) low	Level	Even
(L) high / (R) low	Other:	Other:
(L) rounded forward	KNEES	PATELLA
(R) rounded forward	Even/symmetrical	(L) <input type="checkbox"/> movable <input type="checkbox"/> rigid
Muscle development even	Other:	(R) <input type="checkbox"/> movable <input type="checkbox"/> rigid
Other:		

FIGURE 7-13. Sample physical assessment form. This information is obtained by observing (looking and feeling) and by measuring. The key to completing the form is to identify what is the same on the two sides of the body and what is different. (From Fritz S: *Mosby’s Fundamentals of Therapeutic Massage*, ed 4, St. Louis, Mosby, 2009.) © This form is available for use on Evolve at <http://evolve.elsevier.com/Fritz/business>. (Continued)

	ANKLES		TRUNK		LEGS
	Even		Remains vertical		Swing freely at hip
	Other:		Other:		Other:
	FEET		SHOULDERS		KNEES
	Mobile		Remain level		Flex and extend freely through stance and swing phase
	Other:		Rotate during walking		Other:
	ARCHES		Other:		FEET
	Even		ARMS		Heel strikes first at start of stance
	Other:		Motion is opposite leg swing		Plantar flexed at push-off
	TOES		Motion is even (L) and (R)		Foot clears floor during swing phase
	Straight		Other:		Other:
	Other:		(L) swings freely		STEP
	SKIN		(R) swings freely		Length is even
	Moves freely and resilient		Other:		Timing is even
	Pulls/restricted		HIPS		Other:
	Puffy/baggy		Remain level		OVERALL
	Other:		Other:		Rhythmic
	HEAD		Rotate during walking		Other:
	Remains steady/eyes forward		Other:		
	Other:				

FIGURE 7-13, cont'd

CONSENT FORM

A *consent form* (Fig. 7-16) is commonly used in massage as a preventive measure against malpractice suits. It is impossible to have a consent form for every circumstance that may occur, and it is unrealistic to believe that a general consent form covering every possible procedure would be upheld in court. A written summary of the treatment plan, as agreed on by the client and massage therapist, dated, and signed by both parties, is a more acceptable format for such consent.

LETTERS

Copies of all written communications sent to or concerning a client should become part of the client's clinical record. The fact that these documents may become evidence in a malpractice suit warrants caution in writing and retaining them.

Entering Data on a Clinical Chart

Several types of data are entered in the various components of a client's record, such as charting of existing conditions, recording of treatment procedures on progress notes (written in clear, concise detail), treatment plans, and discussions with the client about recommended treatment. Some clinical charts provide space for data entry on the back of the form. As entries are made and the form becomes complete or as a separate form, many massage therapists choose to use a progress sheet to enter clinical data. All data entered in a client's clinical chart or progress note should be dated,

accurate, complete, and initialed by the treating massage therapist (see Fig. 7-13). One of the major concerns in legal action is the incompleteness of data on a client's record. All action should be recorded in the clinical record. If a client declines referral, this notation should be entered on the record, dated, and signed. Failure to document any activity completely and accurately may prove costly in a lawsuit. Box 7-1 lists several rules for entering data, beginning with creation of the record.

Clinical abbreviations are short versions of or initials for common clinical terminology. Table 7-1 is a detailed list of abbreviations commonly used for data entry on massage records. The massage therapist should be cautious about using any abbreviations that are not universally used or not represented by a key someplace in the client record. When in doubt, it is prudent to write out the word.

Records Retention

The question often is asked, "How long should a client's records be retained?" The answer is awkward. The record should be retained for the period of time consistent with the statute of limitations within the state. The statute of limitations, the period within which a civil suit for alleged wrongdoing may be legally filed, varies from state to state. The average minimum for retention of a client's records is approximately 6 years after performance of the last treatment, but it is better to retain the records longer than that. Chapter 8 offers suggestions for longer-term storage.

TREATMENT PLAN	
Client Name: _____	
Choose One: <input type="checkbox"/> Original plan <input type="checkbox"/> Reassessment date _____	
Short-term client goals:	
Quantitative: _____	
Qualitative: _____	
Long-term client goals:	

Therapist objectives:	

(1) Frequency, (2) length, and (3) duration of visits:	
(1) _____ (2) _____ (3) _____	
Progress measurements to be used: (e.g., pain scale, range of motion, increased ability to perform function) _____	

Dates of reassessment:	

Categories of massage methods to be used: (e.g., general constitutional, stress reduction, circulatory, lymphatic, neuromuscular, connective tissue, neurochemical)	

Additional notes:	

Client Signature: _____	Date: _____
Therapist Signature: _____	Date: _____

FIGURE 7-14. A sample form for a care or treatment plan specific to message therapy. (From Fritz S: Mosby's Fundamentals of Therapeutic Massage, ed 4, St. Louis, 2009, Mosby.) © This form is available for use on Evolve at <http://evolve.elsevier.com/Fritz/business>.

Records Transfer

Requests for transfer of records are made for many reasons. The client may want to change massage therapists; the client is moving out of the area; the massage therapist wants to consult with another massage therapist; or the client is being referred to another massage therapist or health care practitioner.

Care must be taken in completing a request for transfer of a client's records. By law, any information regarding a client's care and treatment is confidential and privileged. This privilege belongs to the client, not to the massage therapist. For the massage therapist's protection, it is prudent to obtain a written consent signed by the client or the client's legal representative before transferring records to anyone other than the client. Certain exceptions exist to this privilege prohibiting disclosure, such as legal action or court orders involving the massage therapist. In general, if the following suggestions

are followed, record transfer can be handled efficiently and confidentially:

- Provide accurate and complete massage records.
- Never change massage records without maintaining the readability of the original entry. Date any changes, and record the reason for the change.
- Obtain a signed consent form from the client or the advice of legal counsel before providing copies of or allowing access to a client's massage records to anyone other than the client.
- Retain records in accordance with the state statute.
- Keep original records.
- Charge a reasonable clerical fee for furnishing records in accordance with local standards.
- Charge a reasonable professional fee for preparing and furnishing a narrative report for the client.

CONSULTATION/REFERRAL REPORT

Luke Fritz, MT, NCTMB
2050 Leisure Lane
Lapeer, MI 48446
123-456-7890

Date: _____

Referral to:	Client:	
	Age:	Sex:
	Family physician:	

Client history: _____

Planned massage treatment: _____

Reason for referral: _____

Appointment scheduled for: _____ AM
_____ PM Signature of Massage Therapist _____

Consultant's reply: _____

_____ Date _____ Signature of Massage Therapist

White - To recipient of referral - return to referral source **Yellow** - To recipient of referral for retained copy **Pink** - Retain as file copy until white is returned

Form 402 - 098 8/90089 Madison, WI Printed in U.S.A.

FIGURE 7-15. Consultation and referral report form. (Modified from SYCOM, Madison, WI. In Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

Informed Consent Process

A new client arrives for a massage.

The massage professional shows the client an informational brochure explaining massage, why it works, the procedures and process of massage, the benefits of massage, and the general contraindications. The client is asked to read the information. The massage professional then discusses the information with the client. In general terms, the massage professional explains alternatives to massage, such as exercise and self-hypnosis, that provide benefits similar to massage.

The massage professional then tells the client about his or her professional background: that he or she graduated from a state-licensed massage therapy school 2 years ago after a training program of 1000 hours, that he or she has been nationally certified by the National Certification Board for Therapeutic Massage, that he or she has been in professional practice part time for 2 years and averages eight massages a week, and that he or she has taken additional training in myofascial approaches and massage for elderly persons (approximately 100 hours for each). The client also is given information on methods of reporting misconduct of the massage therapist to state agencies, national professional organizations, and the police.

The client is given the policy and procedures booklet or statement and asked to read it. After he or she has done so, the massage professional goes over the booklet with the client, point by point, so that he or she understands the rules and requirements of the massage therapist. The massage professional makes sure that the requirements to report abuse and threat of deadly harm, as well as the release of files by court order, are discussed.

The massage professional hands the client a form that states the following:

I, (client's name) _____, have received a copy of the rules and regulations for Massage Works operated by Sue and John Grey. I have read the rules and regulations and I understand them. The massage procedures, information about massage in general, general benefits of massage, contraindications for massage, and possible alternatives have been explained to me. The qualifications of the massage professional and reporting measures for misconduct have been disclosed to me.

I understand that the massage I receive is for the purpose of stress reduction; relief from muscular tension, spasm, or pain; and to increase circulation. If I experience any pain or discomfort, I will immediately inform the massage practitioner so that the pressure or methods can be adjusted to my comfort level. I understand that massage professionals do not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services. Because massage should not be performed under certain circumstances, I agree to keep the massage practitioner updated as to any changes in my health profile, and I release the massage professional from any liability if I fail to do so.

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____

Consent to Treat a Minor

By my signature, I authorize _____ to provide therapeutic massage to my child or dependent.

Signature of Parent or Guardian _____ Date _____

For clients who will have several sessions, the next step is completion of the needs assessment and initial treatment plan.

FIGURE 7-16. Informed consent process and consent forms. (From Fritz S: *Mosby's Fundamentals of Therapeutic Massage, ed 4, St. Louis, 2009, Mosby.*) © This form is available for use on Evolve at <http://evolve.elsevier.com/Fritz/business>.

(Continued)

Informed Consent Process—cont'd

Modified Informed Consent Form for Single Session

For clients who will be seen only once (such as might occur if the professional is working on a cruise ship, doing sports massage at an event, or doing promotional chair massage at a health fair), the following modification in informed consent can be made.

I, (client's name) _____, have received a copy of the rules and regulations for (name of business) _____, operated by (owner) _____.

I have read the rules and regulations and I understand them. The general benefits of massage and contraindications for massage have been explained to me. I have disclosed to the therapist any condition I have that would contraindicate massage. Other than to determine contraindications, I understand that no specific needs assessment has been performed. The qualifications of the massage professional and reporting measures for misconduct have been disclosed to me.

I understand that the massage I receive is for the purpose of stress reduction; relief from muscular tension, spasm, or pain; and to increase circulation. If I experience any pain or discomfort, I will immediately inform the massage practitioner so that the pressure or methods can be adjusted to my comfort level. I understand that massage professionals do not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatments. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services.

I understand that a single massage session or massage used on a random basis is limited to providing a general, nonspecific massage approach using standard massage methods and does not include any methods to address soft tissue structure or function specifically.

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____

Consent to Treat a Minor

By my signature, I authorize _____ to provide massage work to my child or dependent.

Signature of Parent or Guardian _____ Date _____

FIGURE 7-16, cont'd

BOX 7-1 Rules for Entering Data on a Clinical Record

- Transfer the information from the registration and health history form to the physical assessment form completely and accurately.
- Enter general information about the client neatly. The clinical record must be completed in ink, or it may be keyboarded.
- Underline in red any notation about a serious illness or allergies. Small, brightly colored labels may also be used to draw attention to special notations.
- The massage therapist may make the entries for services rendered in the clinical record. Data can be entered on a keyboard in the massage room or on a keyboard outside the massage treatment room. Both methods provide a neater record.
- Check information to ensure that it has been transferred or entered correctly.
- Place the record in the file envelope or folder with the client's name visible on the record.
- After each client has been seen, check each record carefully to determine if it has been completed for the day.
- Verify that the record has been initialed.
- Ensure that all codes and charting techniques are consistent with the system used in the office. A list of these codes and symbols should be posted in each massage treatment room and available to all staff members.
- Never make a derogatory remark about a client in the record that could prove damaging in a lawsuit.

TABLE 7-1 Clinical Abbreviations

ABBREVIATION	TERM	ABBREVIATION	TERM
@	at	Lt	left
Ad	to, up to	MDR	minimum daily requirement
AIDS	acquired immune deficiency syndrome	Med	medicine, medical
Amt	amount	mg	milligram
Anat	anatomy	Micro	microscopic
Ant	anterior	ML	midline
Approx	approximate	MM	mucous membrane
BP	blood pressure	mm	millimeter
CC	chief complaint	MS	multiple sclerosis
Cond	condition	Narc	narcotic
CV	cardiovascular	Nc, NC	no change, no charge
CVA	cerebrovascular accident	NCP	not clinically present
D	distal	Neg	negative
Dbl	double	Norm	normal
Dg or Dx	diagnosis	Opp	opposite
DOB	date of birth	P	pulse
DR	doctor	Path	pathology
Emerg	emergency	PDR	Physicians' Desk Reference
EMT	emergency medical treatment	Ped	pediatrics
ENT	ears, nose, and throat	PO, postop	postoperative
Epith	epithelial	Preop	preoperative
Est	estimate, estimation	Prep	preparation, prepare for treatment
Et	and	PRN	as needed
et al	and others	Prog	prognosis
Etc	and so on, and so forth	Pt	client
Eval	evaluate, evaluation	q	every
Ext	extract, external	qd	every day
F	Fahrenheit, female, field, formula	qh	every hour
FB	foreign body	q2h	every 2 hours
FH	family history	qid	four times daily
FR or frac	fracture	qn	every night
Frag	fragment	R	respiration
Freq	frequent, frequency	Rx, RX	prescribed
GP	general practitioner	Rad	radiograph
HBP	high blood pressure	Reg	regular
Hosp	hospital	Req	requisition
Hr	hour	Resp	respiration
Hs	hour of sleep	RHD	rheumatic heart disease
Ht	height	ROA	received on account
Hx	history	Sig	write on label
IH	infectious hepatitis	Sol	solution
IM	intramuscular	Stat	immediately
Inf	infected, inferior, infusion	Stim	stimulate, stimulator
Inj	injection, injury	Strep	<i>Streptococcus pyogenes</i>
IV	intravenous	Surg	surgery, surgeon
L	lingual	Sx	symptom
Lab	laboratory	T	temperature
Lac	laceration	Tab	tablet
Lat	lateral	TB	tuberculosis
Lig	ligament	Temp	temperature
Liq	liquid	tid	three times a day
LLQ	lower left quadrant	TLC	tender loving care
LN	lymph node	TMJ	temporomandibular joint
LRQ	lower right quadrant	TPR	temperature, pulse, respiration

(Continued)

TABLE 7-1 Clinical Abbreviations—cont'd

ABBREVIATION	TERM	ABBREVIATION	TERM
Tr.P	treatment plan	URQ	upper right quadrant
U,u	unit	Wnd	wound
Unk	unknown	X, x	times (e.g., 4×), x-ray
ULQ	upper left quadrant	YOB	year of birth
URI	upper respiratory infection	yr	year

From Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, Mosby, 2006.

- Require advance payment for clerical and preparation service in accordance with local standards.
- If records are mailed, send them by certified mail with a return receipt requested. The receipt will verify that the materials were received.

BUSINESS RECORDS

Financial records are as important as clinical records but must be maintained separately. A financial record protects the client and the massage therapist, provides information for tax purposes, and verifies data for a business analysis. Inadequate or incomplete financial records can result in poor public relations and can create unnecessary legal problems with state and federal governments and third-party payers. Chapter 15 details the step-by-step procedure for creating and managing various financial records.

Several employee records must be maintained in the office. These must be accurate and must be maintained with strict confidentiality. The massage therapist who employs others is responsible for periodically updating these records. Many of the records relate to payroll, and they are discussed in Chapter 16.

Employee records are classified in various ways.

Employment forms:

- Applications for employment (see Chapter 18)
- Employment agreements (see Chapter 18)
- Merit evaluation forms (see Chapter 18)
- Health and medical records for employees (Fig. 7-17)
- Federal employment eligibility verification forms (Form I-9) (Fig. 7-18)

Employment tax information forms (see Chapter 16):

- Employer identification number
- Amounts and dates of all wage, annuity, and pension payments
- Names, addresses, Social Security numbers, and documents of employees and recipients
- Periods for which employees and recipients are paid while absent due to sickness or injury and the amount and weekly rate of payments made by the massage therapist or third-party payers
- Copies of employees' and recipients' income tax withholding allowance certificates
- Employee copies of federal form W-2 that were returned as undeliverable
- Dates and copies of tax deposits made
- Copies of returns filed

Confidential employee medical record

Employee medical record
Employee name _____
Employee address _____

Employee social security number _____
Employee starting date _____
Employee termination date (if any) _____
History of HBV vaccination _____

(date received, or, if not received, a brief explanation of why not)
History of other immunizations _____

History of exposure incident(s) (dates, brief explanation, attachments)

Results of medical exams and follow-up procedures regarding exposure
incident or hepatitis B immunity, including written opinion of healthcare
professional (dates, brief explanation, attachments)

Information provided to the health care professional regarding hepatitis B
vaccination and/or exposure incident(s) (dates, brief explanation, attachments)

Attach pre-employment health records to this document.
Note: maintain the record for duration of employment plus 30 years

FIGURE 7-17. Employee health and medical records form. (Courtesy of SYCOM, Madison, WI. In Finkbeiner BL, Finkbeiner CA: Practice Management for the Dental Team, ed 6, St. Louis, 2006, Mosby.)

U.S. Department of Justice Immigration and Naturalization Service		OMB No. 1115-0136 Employment Eligibility Verification	
Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.			
Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins			
Print Name: Last		First	Middle Initial
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature		Date (month/day/year)	
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.			
Preparer's/Translator's Signature		Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)	
Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)			
List A	OR	List B	AND
List C			
Document title: _____		_____	_____
Issuing authority: _____		_____	_____
Document #: _____		_____	_____
Expiration Date (if any): ____/____/____		____/____/____	____/____/____
Document #: _____		_____	_____
Expiration Date (if any): ____/____/____		_____	_____
CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).			
Signature of Employer or Authorized Representative		Print Name	Title
Business or Organization Name		Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)	
Section 3. Updating and Reverification. To be completed and signed by employer			
A. New Name (if applicable)		B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.			
Document Title: _____		Document #: _____	Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative		Date (month/day/year)	
Form I-9 (Rev. 11-21-91) N			

FIGURE 7-18. Federalem ploymenteli gibility verification form (Form I-9). (From the U.S. Citizenship and Immigration Services.)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Eligibility		Documents that Establish Identity		Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)		2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Certificate of Naturalization (INS Form N-550 or N-570)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (INS Form I-197)
6. Unexpired Temporary Resident Card (INS Form I-688)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired Employment Authorization Card (INS Form I-688A)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS (other than those listed under List A)
8. Unexpired Reentry Permit (INS Form I-327)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (INS Form I-571)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

FIGURE 7-18, cont'd



Good Stuff from the Government

www.business.gov: This site has a business forms catalog with more than 500 forms used in small business operations. U.S. Environmental Protection Agency (EPA, <http://www.epa.gov/p2/pubs/assist/sbg.htm>): Going green by reducing the use of paper in the business setting.

EPA history: In July 1970, the White House and Congress worked together to establish the EPA in response to the growing public demand for cleaner water, air, and land. Before the

establishment of the EPA, the federal government was not structured to make a coordinated attack on the pollutants that harm human health and degrade the environment. The EPA was assigned the daunting task of repairing the damage already done to the natural environment and of establishing new criteria to guide Americans in making a cleaner environment a reality.

SUMMARY

Record keeping is probably one of the most time-consuming tasks for a massage therapist, and it is important to follow the same procedures for each record. HIPAA is related to clients' records because it was conceived to protect their health information, which relates to following the same procedures for each record created and keeping the clients' records in a safe place and out of the hands of others. The procedures you follow for the SOAP note should always be the same, especially if submitting to an insurance company.

The client's record can contain numerous forms, including the client registration form, health history form, signed HIPAA form, medication history, massage assessment and treatment forms, SOAP notes, referral forms, signed informed consent, and letters. Each record should remain consistent, and if you are using symbols or abbreviations, make sure a key is used so others in the massage practice can decipher the chart. Manage your active and inactive files appropriately. Many store inactive files (those that have not been used in some time) in a different location to save room for the active files. Remember: organization, management, and consistency.

Bibliography

Fulton PJ: *General Office Procedures for Colleges*, ed 12, Cincinnati, OH, 2003, South-Western.

Mosley DC et al: *Supervisory Management*, ed 6, Cincinnati, OH, 2004, South-Western.

Evolve Annotated Web Links

<http://evolve.elsevier.com/Fritz/business>

Business.gov: <http://www.business.gov/forms/>

HIPAAcomply, HIPAA FAQs: <http://www.hipaacomply.com/hipaafaq.htm>

Phoenix Health Systems, HIPAA Advisory: <http://www.phoenixhealth.com/hipaadvisory/>

U.S. Department of Health and Human Services, Health Information Privacy: <http://www.hhs.gov/ocr/hipaa>

U.S. Environmental Protection Agency, Preserving Resources, Preventing Waste: <http://www.epa.gov/epaoswer/non-hw/reduce/wstewise/targeted/rcc.htm#paper>

U.S. Environmental Protection Agency: <http://www.epa.gov/epahome/aboutepa.htm>

Workbook

1. Describe the impact of HIPAA on a massage practice. Why is this important to you as a client and health care professional?

2. List the various categories of records, and give examples of massage office documents that fit each category.

3. Explain why the clinical record is a vital record in the massage office.

4. Describe the typical clinical record.

5. Describe the retention and transfer of clinical records in the massage office.

6. Using a clinical chart obtained from the massage practice of an employer or instructor, transfer the information from a completed health questionnaire. This questionnaire may be completed in a classroom or obtained from a client record in an office environment.

