

## Informed Consent Form

This record of consent is required before the first assessment or treatment and will be maintained confidentially in the client file. It may only be released to a third party with prior written consent of the client.

Massage Therapy includes the assessment and treatment of the soft tissues and joints of the body, using soft tissue manipulation, joint mobilization, hydrotherapy, remedial exercises and self-care programs as determined by the therapist. Treatment plans will be discussed in advanced with the client and must be agreed upon prior to start.

### By signing below, the client agrees to the following:

- All massage treatments, information and records will be kept confidential and securely stored for use only by the massage therapist.
- Written consent must be given by me prior to any disclosure or sharing of my personal and clinical information with any third party.
- I understand that privacy will be assured as I have the right to undress only to my comfort level and according to the requirements of the treatment.
- I freely give my permission to receive massage therapy treatments.
- I understand that massage is contraindicated for some medical conditions and that obtaining a medical clearance or prescription may be necessary before beginning treatment.
- I understand potential risks and undesirable effects of massage such as soreness, bruising, and exacerbation of symptoms.
- I agree to inform the therapist of any experience of pain during initial and subsequent sessions.
- I understand that I have the right to refuse any treatment or ask that it be modified in regard to pressure or technique.
- I understand that I will be draped during treatment in accordance with state laws and that I may request additional draping if desired.
- I agree to update the therapist on changes in my health status and understand that no liability on the therapist's part shall exist if I should neglect to do so.
- I understand that massage therapy does not replace or substitute medical examination/care and the therapist does not diagnose; I should see a medical physician, chiropractor or other health care provider to address concerns that are outside the scope of massage therapist's practice.
- I understand that promptness is expected for all appointments. In the event of lateness, I understand the following:
  - the massage may be cut short due to other commitments of the therapist;
  - the therapist may cancel/reschedule the massage appointment due to other commitments;
  - fees will be maintained per the schedule and are due prior to departure on the day of treatment.
- Cancellation of any appointment must be received at least 24 hours in advance; otherwise the **full** appointment fee is due.
- I understand the therapist may refuse to treat a local area that is a contraindication to massage.
- I understand that the therapist may refuse to treat a client that makes her feel unsafe or a client who makes sexual advances.

I, \_\_\_\_\_ (PRINT NAME), have read and understood the information above and consent to massage treatment for the conditions discussed with my therapist today.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_