

## Massage Therapy ~ Informed Consent

This record of consent is required before the first assessment or treatment and will be maintained confidential 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 and point mobilization and self-care programs as determined by the therapist. Treatment plans will be discussed in advance with the client and must be agreed upon prior to start of each session.

### 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 my massage therapist.
- Written consent must be given by me prior to any disclosure or sharing on my personal and clinical information with any third party.
- Privacy will be assured as I have the right to undress only to my comfort level and according to the requirements of the treatment.
- Draping will be used by the therapist as required to expose only those parts of my body that are being worked on and/or as I choose to ensure my comfort during treatment.
- During the treatment, the therapist will strive to work so that a pain level of 6-7 is not exceeded, based on a pain scale of 1-10.
- If at any time during the treatment I feel uncomfortable, I have the right to request an immediate stop to the session or request modifications to the treatment, regardless of prior consent given.
- Promptness is expected for all appointments. In the event of lateness, the massage may be shortened due to other commitments of the therapist. Fees will be maintained per the schedule.
- Cancellation of any appointment must be received at least 24 hours in advance: otherwise 50% of appointment fee is due.
- Fees are due prior to departure on the day of the session. Cash, check or debit/credit card are accepted.
- The therapist may refuse to treat any client or part of their body with just and reasonable cause.

I, \_\_\_\_\_ (print name), have read and understand the information above and consent to the massage treatment discussed with my therapist today.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_