**MASSAGE INFORMED CONSENT & THERAPY POLICIES**

**I fully understand that the instruction &/or bodywork I will be receiving is for the purpose of gaining balance, ease, and alignment of the physical body. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved. I understand it is necessary for the Massage Therapist to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body. I give the Massage Therapist my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Massage Therapist full privilege and license to work on my body in order to assist me in establishing balance and alignment therein. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the massage.**

**I understand that the therapist does not diagnose illness, disease, or any further physical or mental disorders. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. I understand that bodywork is not a substitute for medical treatment or diagnoses and that it is recommended that I see a physician for any physical ailments that I may have.**

**I acknowledge that the information I have provided on this form is correct and current to the best of my knowledge. I understand that it is my responsibility to inform the therapist of any changes to this information. I understand that if I experience any unusual discomfort and/or pain during my sessions it is my responsibility to inform the therapist so that they can adjust the pressure or technique being used. With all this in mind, I agree to have Massage and hold the practitioner harmless for any problem that might seem to arise as a result of a therapy session.**

**I acknowledge that arriving in a timely fashion is my responsibility. I will give a minimum of 24 hours notice if I need to change or cancel my appointment. If I am unable to give 24 hours notice, I agree that I am still responsible for the session fee. I will pay a $25 fee for any returned check. If I have an illness, I agree to contact the Massage Therapist so a decision can be made about rescheduling.** **Fees are due and payable at the time services are rendered, unless prior arrangements have been made. I understand that an additional $15 may be added to my session fee for scheduling a session last minute or in less than a 24 hour time period. I agree to come in clean and non-intoxicated. If intoxicated I understand that I will not be provided a Massage session and that I am responsible for the full session fee.**

**Privacy Policy- All written records and sessions are kept strictly confidential and will not be shared with any outside establishment, individuals, organizations, or medical facilities without explicit written consent from the client (you) or the client’s legal guardian. Unless legally required by local, state, or federal subpoena, summons, or other court order. I acknowledge that I understand my rights as the** **client receiving therapy services. I am aware that I can request an additional copy of this document at any time.**

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**Client Signature**  **Date**

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**Therapist Signature** **Date**

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| ***CONSENT TO TREATMENT OF A MINOR***: By my signature below, I hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to administer massage or other bodywork techniques to my child or dependent as they deem necessary.  **Signature of Parent or Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |