

INFORMED CONSENT FORM

- I request and consent to assessment and treatment. I will be informed of which aspects of the body may be addressed as well as a description of potential treatment before application.
- **I understand I have the right to end treatment and/or rescind my consent at any time.**
- **If I experience pain or discomfort I will inform the massage therapist so that they can make the appropriate adjustments.**
- I understand that I will be draped during the duration of the treatment and that only that aspects of the body being addressed will be uncovered.
- I understand that there are some risks including but not limited to: tenderness, bruising, light headed or dizziness and strains and/or sprains.
- I understand that results are not guaranteed.
- I understand that my massage therapist can provide a clinical impression but does not diagnose or prescribe medication.
- I understand that treatment will be based on the information I provide. To maximize safety and effectiveness of the treatment, complete health information is required.
- I understand that my massage therapist must remain within their scope of practice.
- I understand that my massage therapist reserves the right to refuse to treat a client whom they deem to have a condition for which massage is contraindicated.
- I understand that I cannot receive treatment if under the influence of illegal drugs or alcohol.
- I understand that any illicit or sexually suggestive remarks or advances will result in immediate termination of the massage.
- I understand that my health records will be kept for a minimum of 10 years in accordance with massage therapy regulations and that during that time I have the right to obtain a copy of this information if I wish to do so.
- I am aware that capacity to provide consent is not based on age but rather ability to understand the information being provided by the massage therapist and consider it critically.
- **I am aware of the 24 hour cancellation policy/no show policy and understand that if I fail to provide notice I may be charged up to full price for a missed appointment.**
- **I am aware that if I arrive late for my appointment the protocol (assessment), end time and price for the massage remain the same.**

I have read the information provided and have had the opportunity to ask questions. By signing below I am indicating that I understand and agree to adhere to the above.

***Please review the Privacy Document before signing below**

Patient/Guardian/Substitute Decision Maker SIGNATURE: _____

Date (year/month/day): _____