

Client:

Date:

*Heart In Hands Massage and Wellness, LLC*- Consent for Massage

**My initials after each statement indicates that I have read, understood, and agreed with each one.**

- Both the massage therapist (MT) and I have the right to terminate a session at any time and for any reason.
- The massage therapy I receive is for the purpose of: relief from muscular tension/spasm/pain, stress reduction, to improve my energy, and/or improve circulation.
- I am responsible for consulting a qualified practitioner for any physical or mental ailments I may have.
- To provide safe sessions, MTs must be aware of any preexisting conditions that I have. I have listed all of my known conditions. I will inform my MT of any changes in my health.
- MTs have extensive training in soft tissue manipulation. They do not diagnose medical, physical, or mental disorders, nor perform spinal manipulations. Any suggestions or recommendations made by my MT should not be interpreted as *medical* advice. I will follow up with my health care team as needed or recommended.
- All information collected during massage therapy sessions remains confidential and shall not be released without my written consent.
  - Consent is implied when seeing a MT within this practice. Notes are recorded for each session and maintained for at least 4 years after the last visit. Therapists will be allowed to review notes from previous sessions to continue with my treatment plan and to monitor progress.  
 \*\*\* Please initial to indicate if this exception \_\_\_\_ is acceptable \_\_\_\_ is NOT acceptable.
  - Feel free to list people who may have access to your session information on the back of the page.
- Without revealing my identity, my MT may consult with other professionals to obtain advice in how to best treat my conditions.
- All therapeutic massage is non-sexual. I understand that sexual activity is prohibited within the therapist-client relationship regardless of who initiates such activity. Should the MT or client make advances or have sexual intentions relating to the massage, both parties have the right and responsibility to terminate the session immediately.
- Drug and alcohol used is contraindicated for massage and will not be tolerated. I will still be responsible for the session fees.
- I agree that all services rendered to me are charged directly to me and I am responsible for payment unless prior arrangements have been made. I agree to pay for **all** scheduled appointments that I am unable to keep unless I notify my therapist at least 24 hours in advance. My credit card may be charged for this purpose.
- How did you find out about Heart In Hands Massage and Wellness? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_