

Client Informed Consent Form

Therapist Qualifications

I understand that the massage therapist working on my body is a Licensed Massage Therapist (LMT) and is qualified to practice within the state of Arkansas.

Procedural Details

I understand that the massage therapist will not be present in the treatment room while I disrobe to a level I feel comfortable and then lay on the massage table under a sheet and/or blanket during a full-body massage. I understand that the massage therapist will not be present in the treatment room while I redress. I understand that massage techniques such as effleurage, pétrissage, friction, compression, tapotement, vibration, joint mobilizations, stretches and reverse pressure may be used during the course of the massage. I understand that manual and/or assisted tissue manipulation may be used in the massage treatment room. I understand that aromatherapy and hot or cold compresses may be used in the massage treatment room. I understand that no disrobing will be necessary during a seated massage in a chair or massage chair.

Expected Benefits

I understand the benefits of massage can include: (1) increase relaxation; (2) increase circulation of blood and lymph; (3) decrease heart rate and blood pressure; (4) increase joint range-of-motion; (5) decrease delayed-onset muscle soreness (DOMS); (6) decrease pain and trigger point activity; (7) improve scar formation; (8) decrease depression; and/or (9) improve sleep.

Potential Risks and Adverse Effects

I understand the potential risks and adverse effects of massage can include: (1) soreness, (2) bruising, and/or (3) detoxing.

Scope of Practice

I understand that the massage therapist working on my body does not diagnose, prescribe, do surgery or any procedure beyond the scope of practice of a massage therapist including but not limited to psychological treatment.

Office Policies

I understand that payment for service is to be made immediately upon completion of service. I understand that there will be a \$50 fee for insufficient fund transactions. I understand that if I am late, this time will be deducted from my massage treatment time. I understand that 15 minutes past my appointment time will be counted as a missed appointment and my credit card will be charged for the missed appointment. I understand that I cannot send someone in my place for an appointment without prior verbal approval from the massage therapist. I understand that I must cancel an appointment at least 24 hours prior to appointment time otherwise my credit card will be charged for appointment. I understand that a verbal communication MUST be used in

order to cancel an appointment. I understand that if I don't show up for my appointment for which a gift card was to be used, the gift card will be considered to have been used for my missed appointment. I understand that there may be times of interruptions of service on the part of the massage therapist due to inclement weather, illness, doctor's appointments, travel to conferences, and/or holidays. I understand that I will be contacted by the massage therapist to cancel and/or reschedule appointments as soon as any of the previously stated interruptions of service arise.

Client Communication and Information Use

I understand that I will communicate with the massage therapist using telephone calls and/or texting to schedule appointments. I understand that verbal communication MUST be used in order to cancel appointments. I understand that my information will be stored and safeguarded in a secure file cabinet for two years from the time treatments are completed or services discontinued at which point my information will be shredded. I understand that a copy of my file can be obtained when requested in writing and the \$1 per page processing fee is paid, provided my file is still active.

Limits of Confidentiality

I understand that the massage therapist is bound by *Duty to Warn* and the *Duty to Protect* mandates which require individuals to report suspected child and elderly abuse or neglect. I understand that the massage therapist will safeguard the confidentiality of my information, unless disclosure is requested by me in writing, is medically necessary due to an emergency situation, and/or is required by law via subpoena.

Rights of Refusal

I understand that the massage therapist has the right to refuse treatment of an area or postpone treatment if I have any contraindications. I understand that any and all sexual requests, advancements and/or sexual harassment in any form including but not limited to verbally, physically or electronically **WILLNOT** be tolerated. Any sexually related incidents will be reported to the proper authorities and banishment from future service will be implemented immediately.

Client Signature

Date

Therapist Signature

Date