

## **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