

Southside Massage, LLC
Client's Rights & Consent for Massage Therapy

I, _____, as the client, understand the following:

- This massage is therapeutic in nature and is performed by a trained massage therapist.
- I have the right to refuse or stop treatment at any time.
- When I make this request during treatment, my therapist must comply immediately, despite prior consent.
- My therapist may refuse to give massage or otherwise treat me if a just and reasonable cause exists.
- Massage is not sexually oriented in any way and any illicit or suggestive remarks or behavior on my part will result in immediate termination of the session.
- Massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment. Massage therapists do not diagnose medical conditions.
- I agree to provide complete and accurate health information and notice of health changes at successive appointments as appropriate. My information will be confidential.
- Written referral is requested from my primary care provider if:
 - I am currently receiving care, or
 - I have specific medical conditions or symptoms for which I take medication or receive periodic evaluation or treatment.
- I will immediately inform my therapist of any unusual sensation or discomfort, so that the application of pressure or strokes may be adjusted to my level of comfort.
- Therapeutic massage will be given as agreed upon by my therapist and me for the predetermined goals of stress reduction; relief of muscular tension, spasm, and discomfort; increased circulation of blood and lymph; and enhanced well-being.
- My therapist has discussed the potential benefits and possible side effects of this therapy. I have been given an opportunity to ask questions.

____ I have read this form and hereby freely give my permission to be massaged. I give my consent to receive the treatment discussed in this and all future sessions and agree that my presence at subsequent sessions shall be construed to be validation of this written consent.

____ I also release the therapist from any liability, past, present, and future, pertaining to the application of massage and for the aggravation of any condition that I may not have disclosed.

____ I authorize the release of medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements, and other written information to my attorneys, healthcare providers, and insurance case managers, for the purposes of processing my claims.

(Please inform your practitioner immediately upon signing any exclusive Release of Medical Records with your attorney that may impact the above release statement.)

Client Name _____ Date _____

Therapist Name _____ Date _____