

## Consent for Therapy

I understand and agree that:

- The relationship between the client and the therapist is strictly confidential and all information provided to the therapist will be kept confidential.
- My body will be properly draped at all times for modesty, comfort, security and warmth.
- The session given here is for the sole purposes of stress reduction, relaxation, relief from muscle tension or spasm, and/or to increase circulation, energy flow, cleansing or hair removal purposes.
- The session is solely for therapeutic purposes and the therapist has the right to be free from any harmful, offensive, suggestive, and/or physical contact or behavior. If these guidelines are violated, the therapist will terminate the session immediately. No refund will be provided.
- I have the right to request and require that any procedure or technique be modified, changed, stopped, or simply not performed.
- I will inform the therapist of any massage discomfort, so that the application of pressure or strokes may be adjusted to my level of comfort.
- The health information given is accurate and I agree to update the therapist with any changes at future appointments as appropriate before each session.
- It may be necessary to obtain permission from my healthcare provider to receive or continue therapy.
- The therapist does not diagnose or prescribe for medical illnesses, disease, or any other physical or mental disorders.
- The therapist does not do spinal manipulations. These sessions are not a substitute for primary medical treatment, medical examinations or diagnosis and it is recommended that a physician be seen for any ailment that you may have.
- Any session performed on a minor will be with the written consent of the minor's guardian. The guardian must remain present. This can be arranged while assuring the minor's privacy and modesty.
- Should I have to cancel an appointment for any reason, I agree to give the therapist a 24-hour notice. If I fail to provide adequate notice, I will be responsible for a cancellation fee equal to 100% of the scheduled service price.
- Your therapist is an independent professional and is solely responsible for your sessions.
- By signing this form, I also give my consent for any future sessions scheduled.

I have read and understand this form in its entirety and hereby freely give my permission to be serviced. I have stated all conditions that I am aware of in the health history portion and this information is true and accurate to the best of my knowledge. I agree to inform my therapist of any changes in my health status before each session.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Client's Printed Name \_\_\_\_\_

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(Print Name—Parent/Guardian)

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(Parent/Guardian's Signature)

Guardian must sign this consent form for any person under the age of 18 years old receiving services.