



Massage Therapy Informed Consent

Please read the following information thoroughly. If you have any questions, please do not hesitate to ask.

Clients Rights

- To determine what, if anything, may be done to your body: you exercise this right by giving or withholding your written informed consent.
- To refuse, modify, or terminate treatment (or any aspect of treatment) at any time regardless of prior consent.
- If any of the following areas (inner thigh, gluteal/buttocks, abdomen, breast) are to be included in the treatment, the therapeutic indications and treatment procedures will be discussed by the client and therapist and additional consent will be given prior to undraping/treating these areas.
- All client information (verbal and written) is confidential and will be safeguarded by the therapist except when disclosure is required by law or an order of the court. Written authorization will be obtained prior to all communication concerning the client's records and all information provided to Atlas Health.
- Treatment will only be provided when there is reasonable expectation that it will be advantageous to the client.
- Draping defines a physical boundary, which ensures the safety, comfort and privacy of the client. Only those areas being treated will be undraped. Being fully draped or fully clothed during treatment is also an option.
- If the therapist feels a referral to another health care provider is necessary, this will be done with the client's consent.

Office Policies

By signing below I am stating that I have read the fee structure and agree to it. I also understand that these fees may change and if they do there will be advanced notice of any changes.

*****24 hours is required when cancelling an appointment. Failure to do so will result in a FULL PAYMENT fee.***

Consent for personal information I understand that Atlas Health will collect some personal information about me (e.g., health history, work phone number, home telephone number, address, email address). I understand that Atlas Health never shares any of this information without my consent. Atlas Health will use the personal information provided in order to contact me and send out newsletters etc. If I wish to stop receiving these contacts I will advise them. I have read and fully understand all information included in this document and give my consent voluntarily. Anything that was unclear was discussed and explained by the therapist. I confirm that I am capable of consenting to the treatment.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

