

**CONCENT TO TREATMENT AND POLICY STATEMENT**

- I understand that by signing this CONCENT TO TREATMENT AND POLICY STATEMENT, I am giving consent to receive massage/bodywork from *A. DeVoe, LMT, LLC*.
- I understand I have the right to refuse, modify or terminate treatment, regardless of prior consent for such treatment.
- I understand that if I experience any pain or discomfort during the session, I will immediately notify the practitioner so pressure and/or strokes may be adjusted to my level of comfort.
- I understand the practitioner is a licensed massage therapist who has completed at least 624 hours of training and has passed the *National Certification Examination for Therapeutic Massage and Bodywork* (NEC) and is fully licensed and insured to perform massage/bodywork in the state of Florida.
- I understand maintaining client confidentiality is important to *A DeVoe, LMT, LLC* and client records are kept confidential unless disclosure is required by law or court order. If I wish to have the practitioner discuss my massage therapy with a physician or other medical practitioner, I will have to complete a "Release of Information" form.
- I understand the practitioner is committed to providing the highest quality massage therapy/bodywork and will always conduct herself in a legal, ethical and professional manner.
- I understand massage should not be construed as a substitute for medical care from a qualified physician or medical specialist for any mental or physical ailments I may have.
- I understand that massage practitioners are not qualified to perform medical treatment and nothing said in the course of the session should be construed as such.
- Because under certain circumstances massage/bodywork should not be performed, I understand the importance of keeping the practitioner updated as to any changes in my health profile, and I release the practitioner from any liability, should I fail to do so.
- I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- I have been explained the pricing structure of massage/bodywork services offered by *A DeVoe, LMT, LLC* and I will be told if the price of a session changes.
- I understand 24 hour notice is required to cancel a scheduled appointment. I understand if I fail to give 24 hours notice of an appointment, I will be liable for full payment of the scheduled appointment.

The cost of today's session is \_\_\_\_\_

I (client name) \_\_\_\_\_, have received a copy of the rules and regulations for Massage Work operated by *A. DeVoe, LMT, LLC* outlined above. I have read the rules and regulations, and I understand them. I have been given the opportunity to ask questions and receive clarification on any policy items above.

To the best of my knowledge, I am not pregnant: (Please initial) \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_