

Scope of Practice

The practice of Massage Therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissue and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain. (Massage Therapy Act 1991)

Assessment and Treatment

1. **Rights:** At any time, you may refuse or modify your treatment or assessment for any reason, regardless of prior consent, especially if you are not comfortable with the techniques or procedures being used.
2. **Clothing:** Before the treatment begins, you will be undressing to your own level of comfort, leaving on any article of clothing you wish, and will have the opportunity to do so in private. During the treatment you will be covered at all times and only areas that are to be worked on will be uncovered.
3. **Comfort:** During the treatment the therapist will periodically check-in with you to ensure comfort and the amount of pressure is within your tolerance. Pillows will also be used to ensure your comfort.
4. **Risk:** Rarely you may experience discomfort, soreness or have a headache for a day or two after a treatment. Should this happen, inform your therapist so that appropriate suggestions can be given to you and adjustments can be made for next time.
5. **History:** It is your responsibility to provide us with a complete and accurate health history, including any medical conditions, to ensure safe and effective care.

Clinic Policies

1. **Privacy:** Personal information and massage treatments shall be kept strictly confidential and will only be shared with your prior written consent or as required by law.
2. **Cancellation:** In the event you are not able to keep an appointment please provide us with a minimum of 24 hours notice prior to your appointment time, otherwise a fee may incur.
3. **Timing:** Promptness is expected for all appointments. In the event of lateness, the massage treatment may be cut short to respect other appointment times. Fees will be maintained as per schedule.
4. **Payment:** Fees are due upon receipt on the day of treatment unless otherwise noted.

Agreement

I, _____, have fully read, understood and agree to the above information and policies, and consent to massage therapy treatment for the reasons discussed today. I will provide my complete, accurate health history to the best of my knowledge to ensure safe and effective care.

Client Signature

Therapist

Date