

# Consent for Massage Therapy

## New York State Consumer Information: Who are massage therapists?

Massage therapists are licensed health professionals who apply a variety of scientifically developed massage techniques to the soft tissue of the body to improve muscle tone and circulation. Massage therapists work to enhance well-being, reduce the physical and mental effects of stress and tension, prevent disease, and restore health.

#### New York State Statute: § 7801. Definition of practice of massage therapy

The practice of the profession of massage therapy is defined as engaging in applying a scientific system of activity to the muscular structure of the human body by means of stroking, kneading, tapping and vibrating with the hands or vibrators for the purpose of improving muscle tone and circulation.

## Massage Therapy Consent:

The client understand that . . .

- The relationship between the client and the massage therapist is a confidential one and that all information provided to the therapist is to be kept confidential.
- The massage therapist will respect the patient's/client's right to an informed and voluntary consent for the release of patient/client information.
- The massage offered is solely for therapeutic reasons and both the client and the massage therapist have the right to be free from any unwanted, harmful and/or offensive (physical or other) behavior.
- The client's body will be properly draped at all times for comfort, security and warmth. Only the body areas receiving immediate therapy will be undraped.
- The massage therapist will respect the patient's/client's right to refuse, modify or terminate treatment, regardless of prior consent for such treatment.
- The massage therapist will not cause the patient/client more pain than the patient/client is willing to accept, nor will they exert any psychological pressure to induce the patient/client to accept a level of pain higher than the patient/client has expressly agreed to experience.
- It may be necessary to obtain permission from the client's healthcare provider (primary care or other physician) to receive or continue therapy.
- The client will inform the massage therapist of any discomfort during the massage session, so that the application of pressure or strokes may be adjusted to my level of comfort.
- The client understands that massage is a touch modality and may trigger strong emotional responses in the client. The client will immediately inform the massage therapist of any emotional discomfort.
- Therapeutic massage is an ancillary treatment and is not intended as a primary medical treatment.
- The massage therapist does not diagnose conditions and I may be asked by my therapist to contact my primary care physician to receive a proper diagnosis.
- Should the client have to cancel an appointment for any reason, I agree to give the massage therapist notification at least 24 hours in advance of that appointment.
- The client freely gives permission to receive massage therapy treatment.

Client (print please):	Date:
Client (or guardian):	(signature)
Massage therapist:	Date:

## **Consent Addendums:**

Application of therapeutic massage techniques may be made to all areas of the body with the exception of the genital area. It is important to note that there are other areas of the body that, though they can be legitimately accessed for therapeutic reasons, may be sensitive in some manner for the client. The following consent waivers are for those regions of the body that can be, but are not considered part of a standard full-body massage therapy. The following waivers are only valid in conjunction with a properly signed "Consent for Therapy" as found on the reverse side of this document.

### Consent for massage therapy to the gluteal and deep hip rotator muscle (buttock) area

This area includes the soft tissue from the gluteal cleft, moving lateral to the tensor fascia lata, superior margin is the iliac crest and the inferior margin is to the ischial tuberosity. Draping is performed to expose this area yet leave the genital area covered.

- The massage therapist has discussed with me issues involving massage therapy for the buttock and hip area to my satisfaction.
- I freely give my permission to receive massage therapy treatment to the buttock and hip area.

Client (or guardian):	Date:
Therapist:	Date:
Consent for massage therapy to the abdominal region	วท
inferior to the tissue of the female breasts and/or the fifth iliacus muscles within the pelvic girdle.	line drawn from the left AIIS to right AIIS of the client and (5) rib. This area also includes anterior access to the psoas and es involving massage therapy for the abdominal region to my massage therapy.
Client (or guardian):	Date:
Therapist:	Date:
Consent for breast massage therapy (females on	ly)
<ul> <li>edge of the clavicle, sternal mid-line and the anterior edge touching the nipple of the breast.</li> <li>Due to the sensitive nature of breast massage, the modify or terminate treatment for any reason.</li> <li>The massage therapist has provided me with write massage.</li> </ul>	e therapist and the client each retain the right to immediately eten materials regarding the health benefits of therapeutic breast es involving breast massage therapy to my satisfaction.
Client (or guardian):	Date:
Theyopist	Data