

Informed Consent for Services

- I voluntarily apply for and consent to receiving massage therapy and bodywork services by **Julie Bittel, LMT**. I understand that I may withdraw this consent at any time.
- I understand that the massage I receive is for the purposes of stress reduction and relief from muscular tension, spasm or pain to increase circulation. I may also receive instruction in exercise, stretching or basic meditation to enhance and increase the benefit of the work
- It is up to me to let my therapist know if I do not want a particular type of work. If I experience any pain or discomfort, I will immediately inform the massage practitioner so that the pressure and technique can be adjusted to my comfort level.
- I understand that I am an active participant in the process of establishing, evaluating and accomplishing my goals and demonstrate this by my ability and willingness to communicate my ideas, thoughts, feelings, needs, likes, dislikes and questions. I understand that by naming my needs openly and clearly, I am bringing my full attention and awareness into this process.
- I understand that massage professionals do not diagnose illness of disease or perform any spinal manipulations, nor do they prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services.
- Because massage should not be performed under certain circumstances, I agree to keep the massage practitioner updated as to any changes in my health profile, and I release the massage professional from any liability if I fail to do so.
- I understand that while emotions may spontaneously occur during massage, massage sessions are not psychotherapy sessions. If I feel that psychotherapy would be beneficial in my healing and growth, I will ask for referrals or seek help on my own.
- A sexual relationship of any kind with my therapist is not appropriate and any sexual advances toward my therapist will result in her immediately cessation of the session, and I will be responsible for full payment.
- Making a commitment to these basic agreements facilitates and accelerates the creation of an environment that enables me to reach goals that I have established for myself and with my therapist. If at any point I do not feel that I can continue to commit to these agreements, I will inform my therapist.

I, _____, have received, read, and understand the above information for massage / bodywork by **Julie Bittel, LMT**. Massage procedures, general benefits of massage, contraindications to massage and possible alternatives have been explained to me. The qualifications of the massage professional and reporting measures for misconduct have been disclosed to me.

Client Signature: _____

Date: _____

Therapist's signature: _____

Date: _____

Consent to Treat a Minor (if applicable): By my signature, I authorize **Julie Bittel, LMT** to provide therapeutic massage to my child or dependent.

Name Parent of Guardian: _____

Signature: _____ Date: _____