

Balanced Body Massage Therapy

Please read and sign in both marked areas

BALANCED BODY MASSAGE THERAPY POLICIES

1. We do not sell your information and will be kept under HIPPA requirements
2. We do not double-book appointments
3. \$40.00 fee for no-show and same day cancellations – paid prior to next appointment
4. Insurance billing at \$33.75 per unit (15 minutes per unit)
5. A “service discount” available for full payments at time of service for those not using insurance
6. Insurance billing is a courtesy and is not a guarantee of benefits/payment

CLIENT ACKNOWLEDGEMENTS

1. Massage and bodywork is not a substitute for medical examinations by physician.
2. Massage therapist cannot diagnosis, perform chiropractic adjustments, or prescribe medications or natural supplements.
3. Client (you) are responsible for all treatments not covered by insurance.
4. I have answered all medical history questions honestly and revealed all additional medical conditions that may hinder my treatment or be contraindicated for massage treatment.
5. I agree to apprise the therapist of any changes and that BALANCED BODY MASSAGE THERAPY will not be held liable for failure to do so.
6. I am responsible for verifying my insurance benefits and payment responsibilities.

SIGNATURE _____

DATE _____

CLIENT CONSENT TO SPECIFIC TREATMENT (UNDER WAC 246-830-555 AND WAC 246-830-560)

I understand my massage treatment may require areas of the pectoral/chest and/or gluteals to be addressed and may require undraping. I further understand that breast tissue may also be touched to address the underlying muscle or scar tissue. That I may, at any time, discontinue said treatment for any reason. I may also provide a witness during said treatment. Also, that written and verbal consent is mandatory for this treatment and a second consent as well for massage (or touch) of the nipple and areolas. A signature of guardian if under age of 18 is required.

By signing below I am giving my written consent to:

1. Breast/pectorial/chest and gluteal undraping:

SIGNATURE _____

DATE _____

2. Breast/pectorial/chest massage:

SIGNATURE _____

DATE _____

3. Nipple/areolas massage or touch:

SIGNATURE _____

DATE _____