

Massage Therapy Informed Consent

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments.

I agree to inform my practitioner immediately if I experience pain or discomfort during the session, so that techniques can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session.

I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law. I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

By signing this form, I acknowledge I have read the above noted consent and I have had the opportunity to ask questions regarding this consent and my therapy. By signing this form, I confirm my consent to receive massage therapy from Reneé Mink, DACM, Dipl OM, LAc.

Patient Signature: _____ Date: _____

Patient Name Printed: _____

I have read and agreed to the form above.

A handwritten signature in black ink, appearing to read 'Blanca Munoz', written in a cursive style.

Patient Name: Blanca Munoz

Date of signature : 12/19/2022 18:07:07 EST

IP address : 99.91.158.162