**Eileen Dickinson, Licensed Massage Therapist**

**Policies, Procedures, and Informed Consent**

**Massage Defined**

Massage can be defined as structured, professional touch. Massage techniques manually manipulate the muscles, tendons, and fascia of the body to promote health and wellness. Benefits of massage include stress reduction, increased relaxation, and relief from muscular tension, soreness, and pain.

**Limitations of Massage**

Massage therapists do not diagnose medical diseases or musculoskeletal conditions and massage is not a substitute for medical examination and treatment. Massage therapists do not prescribe herbs or drugs, including aspirin or ibuprofen, or medical treatments. They do not perform spinal adjustments and they cannot counsel clients about emotional or spiritual issues as would be provided by a mental health professional or spiritual leader. If you experience symptoms that lead you to believe you may have a medical condition, it is recommended that you visit a physician for diagnosis and treatment. I am happy to do my best to refer you to someone if the need be. For a detailed description of the massage scope of practice in this state, please visit the Board of Massage website at www.anyboard.com.

**Adverse Reactions to Massage**

Massage may lead to adverse reactions in certain situations or when used with certain conditions or medications. I will evaluate your health-history intake and ask you questions to make sure it is safe for you to receive massage. In the event that I am uncertain that massage will be of benefit to you, I may ask you to provide a note from your physician stating that it is safe for you to receive massage. Please provide **complete** details of medical conditions and medications to me during the health-intake interview. Failure to inform the massage therapist of all medical conditions and medications may place you at increased risk for adverse reactions.

**Therapist Training and Experience**

I have completed 500 hours of massage training from Connecticut Center for Massage Therapy, a state-approved school and passed the state licensing requirements.

**Business Policies and Practices**

You may book a 30-minute ($50), 60-minute ($90) and, 90-minute ($130) session. I accept cash, personal checks, and credit cards. The first session usually requires a longer intake process so please arrive 15-20 minutes early. After your initial appointment, please plan to arrive 5-7 minutes early to update your paperwork and discuss any changes to your conditions with your massage therapist. You can expect about 5-7 minutes after the session for getting dressed, following up, payment (if not done ahead of time), and rebooking. Clients arriving late will be charged for the full session and the session will end promptly at the scheduled time. Clients must cancel sessions with 24 hours notice or pay for the missed session in full. Returned checks will be charged a $20 processing fee. I do not take walk- in appointments. Children and teens are welcome, but an adult guardian must be present with the minor in the treatment room for the entire session.

**Expectations and Rights**

The client is expected to demonstrate good hygiene and not use illegal drugs or alcohol before the session (the use of drugs and alcohol make it unsafe for a client to receive massage). Clients and therapists are expected to refrain from any behavior of a sexual nature, including sexual jokes, nicknames, or immodest conduct. Sexual behavior from a massage therapist toward a client is completely **unethical** and may lead to a formal complaint filed with the state board of massage which may lead to the loss of the therapist’s license. Sexual behavior from the client toward the therapist is **inappropriate and will lead to the termination of the session and refusal of further service.**

The client has a right to prompt, professional service in an environment that is clean, private, and safe. Client information is not shared with any members of the public or other health-care providers unless the client releases the information in writing. A court of law may order the client’s health-care records released to the court as part of a legal proceeding. Therapists are obligated to report information about the abuse of a child, elderly person, or mentally or physically challenged person in the event that such information is related during the session. Therapists are obligated to report threats of self-harm, or threats that the client plans to harm another person, to authorities.

**The client has the right to end the session at any time should they feel dissatisfied or uncomfortable with the session in any way.**

**Your Massage Session**

When you arrive, you’ll complete your intake form if it wasn’t completed online. We will review the intake form and discuss your goals for the session. I will customize a massage plan to meet your specific needs within the limits of my training and scope of practice. I will then leave the room while you undress and position yourself under the drape on the massage table. Only the area being massaged at the time is undraped as the session proceeds. The breasts, genitals, and anus are never undraped during a session, and every effort is made to respect and protect both the client’s and therapist’s modesty. You may leave on your underclothing if you prefer. While the therapist will ask you a few questions—for instance, about the comfort of the stroke pressure, you should let the therapist know **immediately** if you are not comfortable at any point during your session. I have additional information on my website for information about your first session.

* You will be sent virtually or given in person a Covid-19 screening on the day of your appointment. Please reschedule your appointment if you’ve been sick within the last 14 days ( cough, fever, congestion, chest pain, or really just sick in general) or if you’ve been in contact with someone within 14 days of a known Covid-19 case.

**Informed Consent**

I have read and understand the disclosures, policies, and procedures, and I would like to receive a massage session or request a session for my child or dependent. I understand the benefits and limits of massage therapy and understand massage may cause adverse reactions in certain situations. If I experience any discomfort during the session, I will immediately inform my therapist so he or she can modify the massage strokes. I understand massage therapists do not diagnose diseases or conditions, prescribe medications or treatments, or perform spinal adjustments. I recognize massage is not a substitute for medical treatment and should I need medical treatment, I will seek out the appropriate health-care professional (physician, psychotherapist, chiropractor, etc.). I understand that it is my responsibility to keep the massage therapist informed of changes in my (or my child’s or dependent’s) health status, diagnosed medical conditions, and medication. I understand that failure to inform the therapist of these changes may place me (or my child or dependent) at greater risk of adverse reactions to massage. I release the massage therapist of any liability if I fail to disclose the appropriate health-related information.

Client’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Eileen Dickinson, LMT to provide massage to my child or dependent:

Name of Child or Dependent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_