

Living Lotus Massage Therapy, L.L.C
Client Policy and Informed Consent Emily
Ritzel R.N., L.M.T.

What to expect:

A client will receive a massage from a licensed massage therapist for a full 30, 60, or 90 minutes depending on clients chosen appointment time. A small, light meal is recommended 30 minutes prior to the session. It is recommended that first time clients arrive 15 minutes early to allow time for intake forms to be filled out regarding any medical history. This information will be reviewed with you by your therapist as well as your desired goal for the massage therapy session. A client can expect the massage therapy session atmosphere to be in a private, relaxing room. You may provide your own music to be played during the session. Otherwise, the therapist will provide music to optimize the tranquil environment. The therapist will leave the room to allow privacy for you to fully or partially disrobe. Once you have disrobed to your comfort level, you will get on the table under the sheet. The therapist will enter the room once you give her permission. During your massage, the therapist will maintain your modesty at all times by draping only areas of the body that are actively being massaged. As a client, it is your responsibility to communicate with your therapist so that your session can be as effective as possible. This communication includes but is not limited to the following: desired pressure, discomfort, pain, techniques, and focus on specific area. Once the massage is complete, your therapist will once again leave the room to allow you to redress. Your therapist will complete documentation regarding your visit in order to develop a plan of care to meet your future massage therapy session goals.

Availability:

- The massage therapist will have availability Thursdays 12pm-7pm and Sundays 11a-3p
- The massage therapy session can be completed at the following location:
402 North Hickory Avenue, Bel Air Maryland, 21154

Payments and Lateness/Cancellations:

- The massage therapist will only accept cash or credit card. Health insurance will not be accepted; however, a receipt will be provided to allow clients to submit massage therapy services to insurance for reimbursement.
- Payment is due day of service after the massage is completed.
- If a client is late, the massage time may be adjusted to meet the other commitments of the massage therapist. The client will still be charged the full price for the session.

- The massage therapist requires a 24 hour notice for all client cancellations.
- Cancellations within 24 hours of the scheduled massage may be subject to a charge half the cost of session fee.
- The therapist has the right to not reschedule a client who is a “no show, no call” and the client will be billed half the cost of the session.

Sexual Impropriety Disclaimer:

I, _____, understand that this massage is therapeutic in nature and any sexual innuendoes, language or behavior will not be tolerated by the therapist. The therapist will immediately end the session if any sexual inappropriate behavior takes place and you will be charged the full price for the session.

Client's Initials: _____

Before signing below, the client agrees to the following:

- All massage treatments, information and records will be kept confidential.
- Written consent must be given by me prior to my therapist disclosing or sharing any clinical information with a third party.
- The massage therapist is not a physician and she will not diagnose any illness or disease.
- A massage may not be completed if there are medical issues that the therapist deems are contraindications for a massage due to risk of harm to either the client or therapist. A note from a physician approving massage therapy may be requested by the therapist prior to your next session.
- The therapist can refuse to complete a session or work on a specific body part with a just and reasonable cause including but not limited to poor hygiene, intoxication or local contraindications.
- I understand it is my responsibility to give a complete medical history and update my therapist of any new illnesses or diseases that may arise.
- If at any time during the session, I feel uncomfortable the session can be stopped immediately or I can ask for modifications to the session to achieve comfort.

Client Signature: _____ Date: _____