



ENGLEWOOD
HEALTH

Client Consent Form for Therapeutic Massage Therapy

I will receive my massage in:

- The Graf Center for Integrative Medicine
- The Infusion Center
- My Inpatient Hospital Room
- The Leslie Simon Breast Care and Cytodiagnosis Center

I _____ (client/patient name), understand that the practice of massage therapy is performed for the reduction of stress and to assist me to relax. I understand that a massage therapist does not diagnose illness, disease, or any other physical disorder. As such, he or she does not prescribe or perform medical treatment. It has been made clear to me that massage therapy does not substitute for medical examination or treatment. Because a massage therapist must be aware of existing medical conditions, I assume complete responsibility to disclose any and all medical conditions and to keep the massage therapist regularly updated on any changes regarding my physical health.

I have carefully read and understand all the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation of anything regarding my treatment. I understand that the Medical Center is authorized to release my medical records in accordance with Federal and New Jersey State Law, including the Health Insurance Portability and Accountability Act (HIPAA).

- The massage therapist has explained the risks and benefits of therapeutic massage therapy.
- All my questions or concerns have been addressed my satisfaction.
- I understand that massage therapy is not an exact science, and I acknowledge that no guarantees or assurances have been made as to the results that may be obtained from therapeutic massage therapy.
- I agree to inform the massage therapist of any condition that may be a contraindication for receiving a massage.
- If I am currently under the care of a physician, I will supply a prescription that provides permission for massage to be performed.
- I certify that I have read, fully understand and consent to all the above.

Client/Patient

Date

Massage Therapist

Date