

**Please read and sign below:**

I have stated all known medical conditions on this form and answered all questions honestly. I understand that massage/bodywork may be contraindicated for certain conditions. I will update the massage therapist of changes in my medical profile, and understand there will be no liability to the massage therapist should I fail to do so. A referral from my primary care physician may be required prior to services being provided. If I experience any pain or discomfort, I will immediately notify the massage therapist. Massage/bodywork should not be construed as a substitute for medical examination, diagnosis or treatment. I understand that the massage therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of the session(s) shall be construed as such. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of the appointment. I understand that my records are protected under confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided in the regulations. I may revoke this consent at anytime except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires upon my notification. I acknowledge that the information to be released was explained to me and consent is given of my own free will.

Initial\_\_\_\_\_

**Cancellation Policy** We appreciate your promptness, professional consideration and courtesy.

I understand that Harbor Health and Massage LLC(HHM) requires 24-hour notice to cancel my appointment without penalty. Should I miss an appointment without giving this notice, HHM has the right to bill me for the appointment. If I have a prepaid package, the cost will be deducted automatically. However, if I send someone to take my place, I will not be responsible for payment of the session unless s/he does not show. By signing below, I acknowledge that I have read and understand the cancellation policy.

Initial\_\_\_\_\_

**As a Client, it is your responsibility to:**

1. Communicate your preferences, expectations and concerns.
2. Communicate complete and accurate health information and reasons for your visit.
3. Treat staff and other guests with courtesy and respect.
4. Use products, equipment and therapies as directed.
5. Engage in efforts to preserve the peace and calm of a therapeutic environment.
6. Turn off cellphones and or other devices so we can focus on you during our time together.

**As a Client, you have the right to:**

1. A clean, safe and comfortable environment.
2. Stop a treatment at any time, for any reason.
3. Be treated with consideration, dignity and respect.
4. Confidential treatment of your disclosed health information.
5. Trained staff who respectfully conduct treatments according to treatment protocols and our policies and procedures.
6. Ask questions about your experience.
7. Information regarding staff training, licensing and certification.

Signature \_\_\_\_\_

Date \_\_\_\_\_