

Massage Therapy Services Informed Consent and Waiver

Welcome to Massage Therapy services at Wright Wellness. This informed consent and waiver document contains important information about massage therapy services and related business policies. Please read it carefully and let us know if you have any questions. We want you to have the best understanding you can of these services at Wright Wellness.

Massage Therapy Services

Massage therapy is a form of integrative medicine that involves manipulating the soft tissues of the body, including skin and muscles. This treatment involves different pressures, movements and techniques for the purpose of normalizing those tissues. Massage therapy may help relieve stress, pain, tension and other symptoms.

Risks and Benefits

Massage Therapy can have benefits and risks with both physical and mental health. Some conditions that massage therapy has shown to help include anxiety, depression, digestive disorders, fibromyalgia, headaches, insomnia, nerve pain, postoperative care such as joint replacement, scar tissues, soft tissue strains and injuries, sports injuries, and Temporomandibular (TMJ) disorders.

Physical health benefits of massage therapy can include improved circulation, decreased muscle stiffness, decreased joint inflammation and swelling, better sleep quality, faster recovery between workouts, improved flexibility, reduced pain and soreness, and strengthened immune response. Mental health benefits of massage therapy can include reduced stress levels, increased relaxation, improved mood, decreased anxiety, increase in energy and overall feel of wellness.

Although low, there are risks to massage therapy. After a massage therapy session, it is common to feel tired or a sense of malaise. It may feel like you completed a workout, and you could experience some soreness, aches, or pain. It is also possible to experience a headache, nausea or skin irritation after a massage therapy session. Other complications with low risks include aggravating or causing new injuries, causing stress to the nervous system, nerve damage, rhabdomyolysis, or dislodging of blood clots.

About Our Provider

We see massage therapy and our other services as collaborative, and we therefore want you to have thorough information about our professional training and related treatment approaches to better understand what kind of services we provide.

Our team is comprised of health professionals with a wide variety of areas of focus and expertise. Our Massage Therapist is a licensed professional specifically trained to practice massage therapy on patients.

For more information about our staff and providers and the specific services they offer, please visit www.wrightwellness.me.

Our Work Together

Your first session will involve an evaluation of your symptoms, needs and goals of massage therapy. By the end of the evaluation, we will be able to offer you some additional impressions of what our work could include and begin a treatment plan to follow, should you decide to continue massage therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. Massage Therapy services involve time, money, and energy, so you should be very careful about the provider you select. If you have questions about our approaches, we should discuss them whenever they arise. If your doubts persist, we can provide additional referral information. We value your input, and want us to collaborate and work together towards your goals.

Cancellation Policy and Contact

Once a massage therapy session is scheduled, you will be expected to pay for it unless you provide 24 hours notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, we will work with you to find another time to reschedule the session. We understand that unplanned circumstances can prevent you from making your session, however we ask that you communicate with us in a timely manner so that we can offer that time to someone else in need.

We are often not immediately available by telephone, and only in the office based on appointments scheduled. Your provider will try to return calls, but will not answer the phone when with a patient. If we are unavailable, you also have the option to leave a voice mail for our office manager or send your provider an email. We will make every effort to return your message as soon as possible, usually within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available.

If you are unable to reach us and it is an emergency or crisis, call 911 or go to the nearest emergency room to receive immediate care. If there is an emergency, and we

become concerned about yours or someone else's safety, we may need to call your emergency contact, or a close relative or friend. If we will be unavailable for an extended time, we will provide you with the name of a colleague as needed.

Confidentiality and Professional Records

In general, the privacy of all communications between our massage therapist and a client will remain confidential. *However, there are a few exceptions:*

There are some situations in which a healthcare professional is legally obligated to take action to protect others from harm, even if she has to reveal some information about a client's treatment. For example, if she believes that a child, elderly person, or disabled person is being abused or neglected, she must file a report with the appropriate state agency. If she believe that a client is threatening serious bodily harm to another, she may feel compelled to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, she may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations rarely occur. If a similar situation occurs, she will make every effort to fully discuss it with you before taking any action.

It is also important to note the limitations of confidentiality when communicating through email or text. Although we are open to communication through email and text for specific reasons and will do our best to maintain your confidentiality, there is always a risk due to viruses, hackers, etc. Therefore, if you choose to communicate with us through email or text, you accept and assume all associated risks.

We will keep records of your services at Wright Wellness, but these records will remain confidential. Your information will not be shared without a signed release of information provided.

Professional Fees and Billing

Payment for services is an important part of our professional work together. Our massage therapist provides massage therapy services on a fee-for-service basis. Payment is expected at the time of session, although payment plans are available if needed. We accept exact cash, check, or credit card and require that you keep a credit card on file securely with us for billing purposes.

If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. We prefer to avoid this option and ask our clients to work with us to settle any balances.

Minors

If you are under eighteen years of age, please be aware that the law gives your parents the right to examine your treatment records. We may request an agreement from parents that they agree to give up access to your records. If they agree, we may provide them only with general information about our work together, unless we feel there is a risk to you or someone else. In this case, we will notify them of our concern. We may also provide them with a summary of your treatment. Before giving any information, we will do our best to discuss the matter with you, if possible, and do our best to handle any concerns you may have.

Discharge/Termination

Please remember if you miss a scheduled appointment and do not call the office to reschedule within 30 days, we will take that as your notice that you have decided to terminate treatment with us. In the event of your provider's death or disability, you authorize Wright Wellness to take appropriate steps to find a suitable custodian of your records.

Complaint Procedures

Please let us know immediately if you have any questions, concerns or complaints first, as we will always strive to problem solve and work with you to the best of our ability. However, if we are not able to solve the issue, and/or you feel that you have been treated unfairly by our massage therapist, you can also contact the state licensing board.

Anyone who wishes to file a complaint against a healthcare professional in this state may call the Health Professions Council toll-free complaint referral system: 1-800-821-3205. This automated, statewide number routes a complainant to the appropriate licensing agency. The Texas Department of Licensing & Regulation (TDLR) investigates and prosecutes professional misconduct committed by massage therapists. Although

not every complaint against or dispute with a licensee involves professional misconduct, TDLR provide you with information about how to file a complaint. Please call (512) 463-6599 or 800-803-9202 for more information; address: PO Box 12157, Austin, Texas 78711; <https://www.tdlr.texas.gov/mas/mas.htm>

Massage Services Informed Consent Signature Page

I acknowledge that I have received, have read (or have had read to me), and understand the information about the massage therapy services I am considering. I have had all my questions answered fully, and agree to abide by the terms outlined.

I do hereby seek and consent to take part in the treatment by the massage therapist I have chosen to work with. I affirm that I have answered all questions pertaining to my medical conditions truthfully.

I understand that massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals and does not perform any spinal adjustments. I am aware that if I have any serious medical diagnosis, I must provide a physician's written consent prior to services.

I understand the massage therapist shall drape the breasts of all female clients and not engage in breast massage of female clients. I understand that breast massage will not be performed.

I understand draping of the genital area and gluteal cleavage will be used at all times during the session for all clients.

I understand the massage therapist must immediately end the massage session if a client initiates any verbal or physical contact that is sexual in nature.

I understand that if I am uncomfortable for any reason, I may ask the massage therapist to end the massage, and the massage therapist will end the session. The massage therapist also has a right to end the session if uncomfortable for any reason.

I understand and assume all risks for any add on services or features that I agree to before or during a massage session. I understand that additional services, such as cupping, can come with additional side effects.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by the massage therapist.

I am aware that I may stop my treatment with this massage therapist at any time. I will still be responsible for is paying for the services I have already received.

I know that I must call to cancel an appointment at least 24 business hours before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that if I use insurance, an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive.

I understand that if payment for the services I receive at Wright Wellness is not made, the massage therapist may stop my treatment.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name of Patient: _____

Signature of Patient: _____ Date: _____