

INFORMED CONSENT & WAIVER

CONNIE HODDE, LMT THERAPEUTIC MASSAGE FOR WOMEN

Please carefully read this document before signing at the bottom. This document is both for your benefit and for my records.

1. I understand that my massage therapist is not a medical doctor. She does not diagnose illness, disease, or any physical or mental disorder. I also acknowledge that massage therapy is not a substitute for medical treatment, and that Connie Hodde, LLC recommends that I see a primary care provider for that service.

2. I understand that it is my responsibility to communicate with my therapist if I have concerns, questions, or comments about my session. I state here that I have not been told by my healthcare provider that I should not receive massage therapy. I also state that I do not have any injuries or conditions that would prevent me from receiving a massage.

3. I understand that any information exchanged during a massage or body work session is confidential and only used to provide me with the best session possible. I know that my massage therapist will ask me questions about my health and physical conditions. I understand that I am obligated to answer questions about my health history truthfully to the best of my knowledge.

4. I understand that my feedback is essential to my wellness journey. If I experience any unusual discomfort or pain during my massage session, I know that it is my responsibility to inform my therapist so that they can adjust the pressure or technique being used.

5. I understand that the therapist has the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put my health or the therapist's health at risk.

6. I understand and acknowledge that I am responsible for being on time for my appointments. I also understand that the therapist is not under any obligation to extend my therapy session. I also acknowledge that I am responsible for paying for the fully time that I have booked with the therapist, even if I am late. I understand that my appointment time is reserved for me only. If I miss an appointment or am unable to give twenty four (24) hours' notice when I need to change or cancel an appointment, I agree to pay Connie Hodde, LLC in full for the booked appointment time. I further understand that I will be charged an additional fee of \$30.00 for any returned checks.

7. I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasms, general relaxation, and improvement of circulation and energy flow. I understand and acknowledge that my therapist will not prescribe any medical treatment of pharmaceuticals, nor does she perform spinal manipulations. I further understand that the services offered to me today, and in the future, are not a substitute for medical care. Any information provided to me by the therapist is purely for educational purposes; I understand that nothing my therapist says is diagnostically prescriptive in nature.

8. I have stated all of my known medical conditions on the Client Intake form provided by Connie Hodde, LLC. I have consulted a medical doctor or licensed medical healthcare practitioner regarding any checked or described conditions. I also understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health. I further understand that my therapist shall not be liable for any purpose and for any reason whatsoever should I fail to do what is needful per this paragraph.

9. I have reviewed this form in its entirety and I have discussed all of my concerns regarding my session with my therapist.

Printed Name and Date: _____

Signature: _____