

Special Consent for Massage and Bodywork

Please initial those marked below. Please ask your therapist any questions you have regarding treatments, or let them know if you are uncomfortable in some way regarding the requested consent.

Consent for Breast/Chest Massage:

() Massage or release of tissue around or deep to breast/chest tissue: In order to achieve treatment goals, your therapist might deem it appropriate to work on muscle or connective tissue near or underneath breast/chest tissue (for example, pectoralis or intercostal muscles). Your therapist will do their best to avoid breast tissue and minimize pressure. Please let them know any time treatment feels uncomfortable in any way.

I consent to my breasts/my chest being touched during the massage treatment for the purpose of working with surrounding or deep structures. _____

I prefer not to be touched on or near my breasts/chest. _____

() Massage of Breast Tissue: Some types of treatment require massage of the breast tissue. Specifically, Manual Lymphatic Drainage for the treatment of edema requires massage of both the affected and unaffected side. WAC 246-830-555 requires your special written and verbal consent for breast massage, your massage therapist to have 16 hrs. of specialized training for this work and that any massage involving the nipple and areola requires a doctor's prescription specifying the medical need for massage therapy of the areola/nipple or your special written and verbal permission separate from breast massage. Prior to each massage, your massage therapist will thoroughly explain what is going to be massaged and why. Even though you consent to breast massage today you can choose not to receive it at any point of your treatment or limit the massage.

I consent to breast massage. _____

I have provided the required doctor's referral, and/or consent to massage of the areola / nipple of my right / left breast. _____

Consent for Draping Variances:

State law requires that draping is provided during a massage and ensures that the following areas will not be exposed during a massage: Breast/chest, genitals, and gluteal cleft. There are some exceptions:

- Temporary removal of draping can occur for the gluteal cleft area and breasts with written, verbal and signed informed consent.

- Breast draping may be removed for the duration of the full session with written, verbal and signed informed consent.

() **Breast/chest:** I consent to my breast being uncovered during breast massage. _____

() **Torso:** I consent to having my torso uncovered/undressed during the treatment. _____

() **Assistance with dressing/undressing:** I require assistance with undressing and dressing, which may expose my breasts and gluteal cleft area.

I consent to assistance. _____

Consent for Intraoral Massage:

Your therapist may deem it advisable to work inside your mouth to achieve your treatment goals. She has the required licensing endorsement.

() I consent to intra-oral work. _____

I understand that I have the right to rescind my consent and refuse any of the above treatments at any time, even in the middle of a treatment session. The consent is valid until I inform my therapist that I want to change it.

() I have received a copy of the consent form. _____

Patient Name & Guardian Name (if applicable) (Printed)

Patient/ Guardian Signature

Date

Massage Therapist Name

Massage Therapist Signature

Date