

Therapeutic Bodywork - Informed Consent Disclosure

Ryan Witholt LMT Lic#NVMT.3291

I, _____, (client) understand that massage therapy provided by, Ryan Witholt LMT, (DBA) Therapeutic Bodywork LLC, (massage therapist) is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

COVID-19 Disclaimer and Consent for Treatment

I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner.

Policies and Procedures

Are available at www.therabodywork.com/policies. I understand them and agree to abide by them.

Missed and Late Appointments

When possible, I will provide at least 24hours notice when cancelling or rescheduling appointments. *Because of the COVID-19 Pandemic, no fees will be charged for last minute cancellations.*

Assignment of Benefits

I am responsible for all charges for all services provided. In the unfortunate event that my insurance company denies payment, or makes a partial payment, I am responsible for any balance due. If you, my massage therapist, have contracted with my insurance company at a discount rate for services, the amount remaining will be waived and I will not be asked to pay the balance. I authorize and direct payment of medical benefits to my massage therapist, for services billed. All clients paying for services at the time of care or in advance will receive a time of service discount, those who opt for insurance billing (if applicable) will be charged the full price.

Release of Medical Records

I authorize the release of medical records or other health care information, including intake forms, chart notes, reports, correspondence, billing statements, and other written information to my attorneys, healthcare providers, and insurance case managers, for the purposes of processing my claims. Your information is kept secure in encrypted online storage and/or in a securely locked space for hard copies.

Health Pre-screening Questions:

- Have you had a fever in the last 24 hours of 100°F or above? Y/N
- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Y/N
- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Y/N
- Have you tested positive for COVID 19? Y/N

Client Signature _____

Date _____