

CONSENT TO TREATMENT

I will receive therapeutic massage from a Licensed Massage Therapist for the purpose of helping to support my health.

The LMT is not legally permitted to diagnose injury or disease. Massage should not replace Doctor's care.

Both patient and LMT may request a change or stop in treatment or behavior should either experience discomfort.

The LMT reserves the right to refuse treatment to anyone for any reason.

The LMT does not release patient information to anyone other than the patient without the patient's written permission.

With the understanding that I can withdraw my consent at any time, I hereby give consent to receive therapeutic massage from Kyra Plume, LMT:

Name _____ Signature _____ Date _____