

Client Agreement & Health Release Form

Client Agreement

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Signature

Date

Assignment of Benefits Including Bureau of Workers Compensation Claims

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 authorized and direct payment of medical benefits to my massage therapist, _____
_____ for services billed.

Signature

Date

Signature of parent or legal guardian (if client is a minor)

Date

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, health care providers, and insurance case managers, for the purposes of processing my claims.

Signature

Date

Signature of parent or legal guardian (if client is a minor)

Date