

Informed Consent for Massage Therapy

Gene Cavagnaro, LMT

Washington State Licensed Massage Therapist — License #MA6149208

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Massage therapy is a regulated healthcare profession in Washington State. This document explains what to expect, what is and isn't included, your rights as a client, and the policies that apply to our work together. Please read all sections, ask any questions, and sign at the bottom to confirm you understand and agree.

1. About the work

Massage therapy is the manual manipulation of soft tissue (muscles, connective tissue, tendons, ligaments) intended to improve a person's health and wellbeing. The session may include techniques such as Swedish massage, deep tissue, Visceral Manipulation, CranioSacral therapy, SMRT (Spontaneous Muscle Release Technique), and assisted stretching. The specific techniques used will depend on your goals, your comfort, and what your body presents on the day of the session.

Massage therapy is not a substitute for medical examination, diagnosis, or treatment. I do not diagnose conditions, prescribe medications, or perform any procedures outside the scope of a Washington State Licensed Massage Therapist (RCW 18.108).

2. Health information

Before our first session, you will complete an intake form disclosing your medical history, current medications, surgeries, injuries, allergies, and any condition that may be relevant. You agree to keep this information current and to tell me about any changes — including new medications, recent injuries, illness, or pregnancy — at the start of each subsequent session.

Certain conditions may make some massage techniques inadvisable. I will use my professional judgment to adapt or decline specific techniques based on what you disclose. If you do not disclose a condition that becomes relevant during a session, I cannot accept responsibility for any resulting reaction.

3. Possible reactions

Most clients leave a session feeling relaxed and improved. Some clients experience temporary reactions including soreness, fatigue, light bruising, increased awareness of body sensation, or emotional release. These are normal responses and typically resolve within 24-48 hours. Drinking water and resting after a session is recommended. If you experience anything that concerns you, please contact me directly.

4. Voluntary participation and right to stop

Your participation in massage therapy is entirely voluntary. You have the right to:

- Refuse any specific technique at any time, for any reason
- Ask for adjustments to pressure, temperature, music, lighting, or anything else affecting your comfort
- Pause the session at any point
- End the session at any point — you will only be charged for time used
- Decline to discuss any topic raised during conversation

You will never be asked to justify any of these requests. They will be honored immediately and without question.

5. Draping

Full professional draping is used at all times during every session, in accordance with WAC 246-830-555. You will be undressed only to your level of comfort and covered with a sheet or towel. Only the specific area being worked on will be uncovered, and the breast and gluteal cleft are never exposed. You may also remain partially or fully clothed if you prefer; for Visceral Manipulation, CranioSacral, and SMRT work, sessions are typically done fully clothed.

6. Professional conduct and zero tolerance for sexual context

Massage therapy is a healthcare service. There is no sexual component to any massage I provide. I will never:

- Make sexual remarks, suggestions, or comments
- Touch any sexual or genital area
- Engage in any conduct of a sexual nature

Any client who makes sexual remarks, requests, or advances will have the session ended immediately, will be charged for the full session, and will not be welcomed back. There are no exceptions to this policy.

7. The studio environment

Sessions are held in a dedicated treatment room at 1432 Fruitland Drive, Bellingham, WA 98226. The room is set up exclusively for massage therapy and is separate from the rest of the home. You are welcome to bring a companion to sit in the entryway during your session if that supports your comfort. Please arrive a few minutes before your scheduled time to settle in without rushing.

8. Communication

I will check in with you periodically throughout the session about pressure, comfort, and any specific areas of concern. You are encouraged to speak up at any point — silence is not consent to continue, and I would rather you tell me to adjust than stay quiet.

9. Confidentiality and records (HIPAA)

I keep written records of your intake, sessions, and clinical observations. These records are confidential and stored securely in compliance with HIPAA and Washington State law. They will only be released to a third party (such as a physician, insurance company, or attorney) with your written permission, or as required by law (such as a court order or mandated reporting).

10. Photography, recording, and social media

No photography, audio, or video recording of any kind is permitted during a session, by either party, without explicit written consent. I will not use your name, image, or any session details in marketing or social media without your written permission.

11. Cancellation and no-show policy

I require **24 hours notice** for cancellations or rescheduling.

- Cancellations made more than 24 hours in advance: no charge
- Cancellations made within 24 hours of your appointment: charged at the full session rate
- No-shows: charged at the full session rate

Exceptions for genuine emergencies are at my discretion. Repeated late cancellations or no-shows may result in a requirement to prepay future sessions or, at my discretion, declining to schedule further appointments.

12. Payment and insurance

Payment is due at the time of service. I accept credit cards (including HSA and FSA cards) through Jane App. I do not bill insurance directly. On request, I will provide you with a paid receipt suitable for HSA/FSA reimbursement or for submission to your insurance for possible out-of-network reimbursement.

13. Termination of the practitioner-client relationship

Either of us may end the practitioner-client relationship at any time. If I determine that I am not able to provide the care you need (for example, if your concerns are outside my scope of practice or would be better served by another provider), I will tell you and refer you to an appropriate professional where possible.

14. Acknowledgment

By signing below, I acknowledge that:

- I have read and understood this consent form in full
 - I have had the opportunity to ask questions and have received satisfactory answers
 - I am consenting voluntarily to receive massage therapy from Gene Cavagnaro, LMT
 - I understand that I may withdraw this consent at any time
 - The information I have provided in my intake form is true and complete to the best of my knowledge
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Client name (printed): _____

Client signature: _____

Date: _____

Practitioner signature (Gene Cavagnaro, LMT, WA #MA6149208):

Date: _____

This form is retained as part of your clinical record per WAC 246-830-555 and HIPAA requirements. A copy will be provided to you on request.