

## ***Blissful Mind and Massage***

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### **POLICIES and PROCEDURES for MASSAGE THERAPY**

#### ***MEDICAL HISTORY***

Your first session will begin with a brief review of your health history, focusing on problematic or painful areas. This is an important process to determine the course of treatment that will best meet your needs. During this time you will need to disclose information about your health history in order to rule out any contraindications for massage. In some cases, you may be asked to provide a written release from your primary care physician in order to receive massage. Keep in mind that your medical records will be held confidential. In some cases, the information from your chart may be shared with other health care providers, but only with your written permission.

#### ***DRAPING***

The nature of most massage therapies requires direct skin contact in order to accurately view involved body parts/areas and apply oils, lotions, or other lubricants as needed. You will be asked to undress to your comfort level. During traditional massage sessions, clients are covered and draped with sheets and towels, only uncovering the body part to be worked on. If for some reason, you feel unsafe with this draping style, it will be adjusted to your comfort level. The goal here is to allow you to feel safe and warm. The genitals are never exposed or massaged.

#### ***MASSAGE OILS and LOTIONS***

Some kinds of massage sessions require the application of oil to the skin. All oils, lotions, and ointments used are 100% organic. In some cases, essential oils may be added to the basic carrier oils to enhance the therapeutic effects of the massage; if done, the client will be informed of the types of essential oils to be used, their therapeutic benefits, and any risks of allergic reactions.

#### ***PERSONAL HYGIENE***

The actions of our daily lives naturally produce a layer of bacteria on our skin. Some of these bacteria, if forced into skin pores, can cause illness and discomfort (for cigarette smokers, this also includes nicotine). Therefore, for your health and safety, please shower or bathe prior to your appointment.

### ***COMMUNICATION***

During sessions, clients are encouraged to relax and inform the practitioner immediately if anything makes them uncomfortable, either physically or psychologically, so adjustments can be made. Though talking may occur during the session, you will be encouraged to save conversation for afterward, as it takes away from your experience of deep relaxation and contact with yourself, as well as the practitioners focus and meditative state of being.

### ***PROFESSIONALISM***

The practitioner will not engage with any client in intimate social or personal relationships. Personal and professional boundaries are respected at all times. The practitioner only performs services for which she is qualified professionally, physically, and emotionally. Referrals to the appropriate specialists are made when working with the client is not within the scope of practice of the massage therapist or not in the client's best interest. All client information is held confidential. All clients are treated with respect regardless of their age, gender, race, national origin, sexual orientation, religion, socioeconomic status, body type, political affiliation, state of health, or personal habits.

### ***SEXUAL HARASSMENT***

There is zero tolerance for sexual harassment in my massage practice. The profession of massage therapy ascribes to a code of ethical behavior, and I believe firmly in adhering to those ethical standards.

### ***RIGHT of REFUSAL***

I reserve the right to refuse potential clients for any reason.

## ***PAYMENT***

Payment for all services is due at the time of your visit. Many insurance carriers now cover massage therapy. If you have insurance, you must still pay for your visit. You will be provided with a receipt that you can submit to your insurance company for reimbursement. It is recommended that you call your insurance company to find out if massage therapy services are covered and if there are any restrictions such as needing a prescription form your primary care physician. Cash or checks are accepted.

## ***CANCELLATION POLICY***

Blissful Mind and Massage is committed to providing exceptional care. Unfortunately, when one client cancels without giving enough notice, they prevent another client from being seen. Please call us at (301) 646-2321 by 2:00 p.m. on the day prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call by 2:00 p.m. on Friday. If prior notification is not given, you will be charged 50% of the total cost for the missed appointment.

## ***GIFT CERTIFICATES***

Gift certificates are available for purchase and expire one year of issuance.

### ***CLIENT / PRACTITIONER EXPECTATIONS***

- **Massage sessions are by appointment only.**
- **Don't eat a heavy meal before your massage.**
- **Privacy and confidentiality will be maintained at all times.**
- **A client / practitioner Informed Consent Agreement must be read and signed, and the client will be provided with a written copy of the massage policies prior to the first session.**
- **Not every muscular issue you have may be addressed during a given session, but I strive to improve your overall well-being by the time your session is complete.**
- **Your practitioner reserves the right to refrain from performing massage on clients who appear under the influence of alcohol or drugs.**
- **Clients must inform the practitioner of any prescription medications being used and for what reason.**
- **There is no smoking permitted in my practice, and please, refrain from doing so immediately prior to the session. I reserve the right to refuse treatment to any client who has an overabundance of nicotine odor on their skin.**

**I reserve the right to change, add to, or modify any or all of the above policies with or without notice to the client.**

***By completing this form with my name below I am acknowledging and agreeing to the above terms.***

**Printed Name**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date** \_\_\_\_\_