

### **MASSAGE THERAPY TEACHING CLINIC INFORMED CONSENT**

I understand the massage therapy given here is for general wellness purposes, including stress reduction, relief from muscular tension or spasm, the promotion of circulation, lymph activity, and flexibility. I understand a massage therapist will never touch genitals, breast tissue, or any other areas I instruct them not to touch. I understand massage therapists do not diagnose illness, disease, or any other physical or mental disorder, do not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I understand I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem. I also understand that it is my responsibility to inform the massage therapist of any existing medical conditions I may have, and keep the massage therapist informed of any changes in my health and medications in the future. I understand that potential risks of massage include: mild, short term muscle soreness due to movement of irritating metabolic wastes; mild surface level bruising. I understand I have the right to refuse massage therapy treatment at any time during the session. Consent for Treatment: I authorize the performance of massage therapy techniques and procedures and understand that I will receive them from an intern in the course of their training, under the supervision of NWSU School of Massage Instructors. I understand that information about my case may be used anonymously for educational purposes. I understand that I may be refused treatment if I appear obviously intoxicated or under the influence of drugs.

Client/Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MASSAGE THERAPY TEACHING CLINIC CAM BILL OF RIGHTS**

**1. Name, etc, of Unlicensed Complementary and Alternative Health Care Practitioner (the “Practitioner”).** Northwestern Health Sciences University, School of Massage Therapy, 2501 West 84<sup>th</sup> Street, Bloomington, Minnesota 55431; (952) 888-4777; University Health Services.

**2. Education Level of Student Massage Therapist:** Classic Western Relaxation massage including effleurage, petrissage, tapotement, friction and vibration, and passive stretching, trigger point therapy, basic foot reflexology. Human anatomy and physiology for massage therapists. Ethics and professionalism. Communication skills for health care professionals.

**Education Level of Faculty Supervisors:** All massage faculty are NCTMB certified and have a minimum of 2 years of clinical practice.

**THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.**

Under Minnesota law, an unlicensed complementary and alternative health care Practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture Practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture Practitioner, athletic trainer, or any other types of health care provider, the client may seek such services at any time.

**3. Supervisor of Faculty Supervisors and Student Interns:** Dale Healey, D.C., Program Dean, School of Massage Therapy, Northwestern Health Sciences University, 2501 W. 84th Street, Bloomington, Minnesota 55431; (952) 888-4777 extension 348.

**4. Complaints.** As a complementary and alternative health care client (a “Client”). You have the right to file a complaint with the supervisor(s) in paragraph 3 above. Any such complaint should be directed to the attention of the supervisor(s), and be in writing, and should include supporting details sufficient to permit an investigation into the complaint to be commenced.

**5. Office of Unlicensed Complementary and Alternative Health Care Practice.** Office of Complementary and Alternative Health Care Practice, Health Occupations Program (OCAP), P.O. Box 64882, St. Paul, MN 55164-0882, (651)201-3728. As a client, you may file complaints with such offices.

**6. Fees etc.** Fees for massage therapy at the Massage Therapy Teaching Clinics of Northwestern Health Sciences University are: \$20.00 for 60 minutes, \$30.00 for 90 minutes. Payment is expected at the time of service by cash, check, or credit card. We do not accept any form of insurance payment.

**7. Notice of Changes in Services or Charges.** As a Client, you have the right to reasonable notice of changes in services or charges.

**8. Theoretical Approach.** Massage is the systematic and scientific manipulation of the soft tissues of the body to prevent and alleviate pain, discomfort, muscle spasm, and stress; and to promote health and wellness. Student massage therapists utilize Western massage techniques from the Swedish tradition including: gliding, kneading, friction, vibration, percussion, and passive stretching, and depending on their training level, advanced techniques that address pain and dysfunction in muscle and connective tissues.

**9. Right to Information.** As a Client, you have the right to complete and current information concerning the student's assessment and recommended service that is to be provided, including the expected duration of the services to be provided.

**10. Treatment.** As a Client, you may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the student and faculty supervisors.

**11. Client Records/Transactions.** Client records and transactions with the Northwestern Health Sciences University School of Massage Therapy Students Clinics are confidential, unless release of these records is authorized in writing by you as the Client, or otherwise provided by law

**12. Access to Records.** As a Client, you have the right to be allowed access to records and written information from records in accordance with Section 144.335 of the Minnesota Statutes.

**13. Other Services.** Other massage and bodywork services may be available to you in the community. Please ask me for any information you would like.

**14. Right to choose, etc.** As a Client, you have the right to choose freely among available massage and bodywork practitioners and to change practitioners after services have begun, within the limits of health insurance or other health programs.

**15. Coordinated Transfer.** As a Client, you have the right to coordinated transfer of your records when there will be a change in the provider of services. If you choose to see another massage therapist or health care provider, your records will be transferred at your request.

**16. Refusal of Service.** As a Client, you have the right to refuse service or treatment, unless otherwise provided by law.

**17. Assertion of Rights.** You have the right to assert your rights without retaliation from the student or faculty supervisor.

**Acknowledgement by Client**

I hereby attest that I have received a copy of The Complementary and Alternative Health Care Client Bill of Rights in relation to services to be provided to me by Northwestern Health Sciences University School of Massage Therapy Clinics, as required by Section 146A.11 of the Minnesota Statutes.

**Signature (Print Name)** \_\_\_\_\_

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