

## MESSAGE & STRETCH THERAPY INFORMED CONSENT

I, (Client's Name) \_\_\_\_\_ have chosen to consult with and hereby give consent for massage and stretch therapy to be provided by our therapists.

I understand that the therapists are independent contractors who are not employed by UNWIND Chiropractic Care but the massage and the stretch therapy are providing services within their scope of practice.

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that massage or stretch therapy may provide benefits for certain conditions but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing.

I also understand that massage and stretch therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribed medications nor physically manipulate the spine. The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist forms.

I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

### ***Billing and Payment:***

**Unless otherwise agreed, the fee for massage and stretch therapy is \$80 per hour or \$110 per hour and half.**

If you live beyond 8-mile radius of UNWIND Chiropractic Care (1189 Huntington Dr. Ste A Duarte, CA 91010), there will be an additional **\$10 driving fee**. The maximum driving distance will be 10 miles for any services. You will be expected to pay for each session on the day of your therapy prior to our therapist's arrival. We will automatically bill your card on file for convenience. **Gratuity for this service is all included.** UNWIND Chiropractic Care will take care of that for you.

### ***Cancellation Policy:***

There is a 24-hour cancellation policy. Any **cancellations** with less than 24 hours of notice are subject to a **cancellation fee** of \$80 per hour or \$110 per 1.5 hours however you will not be charged for driving fee if applicable. I understand that if I do not respond to our therapist's phone calls or doorbell ring upon arrival, the therapist has the right to leave after 10 minutes of your appointment time and you will be **charged in full** for the scheduled service including driving fee if applicable.

### ***Privacy Policy:***

I understand that UNWIND Chiropractic Care will **only release your name, address, phone number, and symptoms** to the third party therapists to accommodate these services. Other information kept on file will not be released to the third party therapists without the express consent of the patient.

Print Patient Name \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_