

Guiding Waves Wellness, LLC

Informed Consent, Boundaries, and Practice Policies

Our goal is to provide a safe, relaxing, and deeply therapeutic experience tailored to your well-being. Please review and sign the following policy regarding informed consent, professional boundaries, and practice guidelines.

1. Scope of Practice and Medical Disclaimer

- **Therapeutic Purpose:** The services provided at Guiding Waves Wellness, LLC are strictly therapeutic soft-tissue manipulation, relaxation, and wellness treatments.
- **Not Medical Care:** Massage Therapy is not a substitute for medical examination, diagnosis, or treatment. The Licensed Massage Therapist is not a doctor, and does not diagnose medical conditions, perform spinal manipulations, or prescribe medications or medical treatments.
- **Your Health History (Past and Present):** The client agrees to provide a complete and accurate health history and to promptly disclose any changes in physical or mental health prior to any session. The provider reserves the right to request a physician's clearance before administering treatment.

2. Your Safety and Our Draping Policy

- **Secure Draping:** You will remain securely covered by a sheet, blanket, or towel at all times during your session. Only the specific area of your body being actively massaged will be uncovered.
- **Your Comfort Level:** You may undress to your comfort level. Whether you choose to leave your undergarments on or off, you will always be fully and securely draped.
- **The Right to Modify or Stop:** You have the right to request changes to pressure, technique, music, or temperature at any point. You have the right to end the session immediately at any time, for any reason.
- **Sensitive Areas:** Breast and chest, gluteal (buttock) and abdominal muscles will only be worked on with your explicit verbal permission, and only if it directly helps your therapeutic goals.

3. Professional Boundaries and Conduct

- **Strictly Professional:** All massage therapy sessions are strictly therapeutic. Any illicit, suggestive, sexually explicit remarks, advances or requests are strictly prohibited and will result in the immediate termination of the session.
- **Consequences of Misconduct:** If a session is terminated due to inappropriate behavior, the client remains responsible for the full payment of the scheduled service, future services will be refused permanently. Local authorities may also be notified.

4. Cancellations, No-Shows and Late Arrivals

- **Cancellations and Rescheduling:** We require at least 24 hours' notice for any cancellations or rescheduling requests. Cancellations or rescheduling requests made less than 24 hours before your scheduled appointment time will result in a late cancellation fee equal to 50% of the scheduled service price.
- **Illness and Emergency Exceptions:** We recognize that unexpected illnesses, emergencies, and severe weather can arise. Please notify us as soon as possible if you must reschedule under these circumstances, and late fees will be waived for qualifying events.
- **No-Shows:** If you fail to arrive for your appointment without any prior notice, you will be charged 100% of the scheduled service price, and may require pre-payment for future bookings.
- **Late Arrivals:** Please note that to respect the schedule of every client, late arrivals will not receive additional time. Your session will still end at its originally scheduled time, and you will be responsible for the full cost of the session.

5. Privacy and Confidentiality

- Your health history, session notes, and everything we discuss remain strictly confidential in accordance with HIPAA. Your information will never be shared without your written permission unless required by law.

Acknowledgment and Consent

By signing below, I acknowledge that I have read, understood, and agree to all terms, conditions, policies, and waivers set forth herein these policies. I voluntarily assume the normal, minor risks of receiving massage therapy (such as muscle soreness and bruising), and release Guiding Waves Wellness, LLC and its owner from any and all liability resulting from these standard therapeutic services.

Client Name (Printed): _____

Client Signature: _____ Date: _____

* Parent/Legal Guardian Name (Printed): _____

* Parent/Legal Guardian Signature: _____ Date: _____

Provider: Guiding Waves Wellness, LLC Owner Name (Printed): _____

Owner Signature: _____ Date: _____