

Erin Aufdemberge, LMT, RN
 Licensed Massage Therapist & Registered Nurse
 Kneading Knots Since 2001
 www.womenshealthmassage.com

Massage Fee Schedule

Fees for massage therapy treatments:

Swedish, Deep Tissue, Trigger Point		Prenatal/Postpartum	
Sixty minutes	\$ 70	Sixty minutes	\$ 70
Ninety minutes	\$100	Ninety minutes	\$100
Mayan Abdominal		Labor preparation massage	\$100
Initial Session	\$100	Labor preparation massage	
Follow-up Visits	\$ 70	with acupuncture	\$150

Release and Consent for Treatment

- I understand that payment is due at the time of treatment.
- I agree to give at least 24 hours notice of cancellation of appointment.
- Cases of extreme emergency are considered exceptions to this cancellation policy.
- I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.
- I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
- I understand that massage/bodywork is not a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.
- Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.
- I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.
- I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

*Client signature _____ Date _____

Therapist/Practitioner signature: _____ Date _____

HIPAA regulations require all practitioners obtain a signed release form from their client before taking any information about them. The best way to be fully compliant is to obtain this release signature at the initial consultation. Clients should receive a copy of the form they signed (upon request), and the practitioner maintains a copy for their records. Confidentiality of medical and personal information obtained during the course of the practitioner's work is of the utmost importance. Failure to comply with these confidentiality regulations could result in penalties.

*I, (name) _____ address _____

give my permission, for Erin Aufdemberge, Registered Massage Therapist, to take notes about me, including health history/ medical and /or personal information I choose to disclose to her.

*Signature: _____ Date: _____