

Kristi Vloedman, LMBT, CNRT-M
1502 W. NC HWY 54, Suite 505
Durham, NC 27707
NC license # 3327

Consent for Care

It is my choice to receive therapeutic massage and bodywork. I am aware of the benefits and give my consent for treatment. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that therapeutic massage and bodywork is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

All massages are non-sexual. I understand that if I should make advances toward the therapist or have sexual intentions relating to the session, the therapist has the right to terminate the massage session and I am responsible for the full cost of the session.

Signature _____

Date _____

24 HOUR CANCELLATION POLICY

I understand that by scheduling an appointment with Kristi Vloedman, LMBT I am entering into a contract to appear at a mutually agreed upon time. I agree to give 24 weekday hours advanced notice by telephone if I am unable to appear for my appointment for any reason. I agree to compensate Kristi for the time that she has set aside for me if I do not provide such notice. I am aware that this is a standard policy for small private practices and I am in accord with the policy.

Signature _____

Date _____

NOTE: The client therapist relationship will be held in strict confidence

