

## Client Policies

Our goal is to encourage and support you, our client, while providing our specialty, Peri-operative Therapy, or general health maintenance massage therapy services. For us to provide you with the best services possible, we ask that you communicate with us your individual and specific needs. At any time, please communicate any sort of discomfort including: **pain** perception, **pressure** sensitivity; **music** preference, room **temperature**, etc.

It is your responsibility to communicate with your Soulstice therapist **all** surgical procedures, health history problems, and/or concerns, which may directly impact your treatment. By signing this form you agree that all documented health history is true and correct both physiologically and psychologically.

Soulstice, and your designated therapist, have a sincere commitment to provide you with the highest quality of care. We will:

- Conduct our business and professional activities with honesty and integrity, and respect the inherent worth of all persons.
- Safeguard the confidentiality of all client/client information, unless disclosure is required by law, court order, or is absolutely necessary for the protection of the public.
- Respect your boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and reasonable expectations of professional behavior.
- Respect your autonomy.

Client and therapist will refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving a client or therapist, even if the client attempts to sexualize the relationship.

Breast surgeries often require the massage therapist to undrape the chest region to provide the therapeutic treatment. Your therapist realizes the sensitive nature of a woman's breast/chest region. Utmost care and concern will be taken in order to honor your modesty. Once again it is your responsibility to communicate to your therapist any discomfort with any portion of the therapeutic treatment.

Your Soulstice therapist strictly adheres to the Code of Ethics as provided by the National Certification Board for Therapeutic Massage and Bodywork.

Be sure to let us know if you'd like a copy of this document for your records.

**Client**

**Therapist**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_