

## MASSAGE CLIENT RIGHTS AND RESPONSIBILITIES

Understanding your rights and responsibilities as a client receiving massage therapy in Student Wellness (SW) will go a long way to helping you have a positive experience that will maximize the potential for meeting your massage therapy goals. Here, we outline some things that you can expect from us, as well as some things we will expect of you as you engage in these services. If anything in this document is unclear or if you have any concerns, please speak to your massage therapist, who will be more than happy to answer your questions.

### **You have the right to expect:**

- A professional, customized massage from a competent, ethical provider in a safe environment.
- Respect for your privacy and confidentiality within legal and professional limits.
- Respect for your personal and professional boundaries.
- To be treated with dignity and respect, regardless of your ability status, age, body type, gender, gender identity and expression, national origin, political affiliation, race, religion, sexual orientation, socioeconomic status, and state of health.
- Freedom to refuse treatment or discontinue a session at any time, for any reason.
- Your feedback about pressure and personal no-touch zones to be acknowledged and respected. Universal no-touch zones apply to everyone.
- Equipment and supplies to be appropriately cleaned and sanitized for each session.
- Your questions about massage, your treatment plan, or services at Student Wellness to be addressed promptly.

There are also some important things we expect of you, the client. Please acknowledge that you understand and agree to the content by initialing next to each statement.

### **I understand and agree that:**

\_\_\_\_\_ I will treat my massage therapist with respect and will engage with them in a professional manner befitting their position as a health care provider.

\_\_\_\_\_ I will refrain from engaging in inappropriate behavior, including aggressive remarks or behaviors, as well as any illicit or sexually suggestive remarks or behaviors (including jokes). I understand that these kinds of behaviors will result in the immediate termination of my session and possible restrictions from scheduling future massage sessions. I also understand that for cases of behavior that break CSUF's Code of Conduct, I may be referred to Student Conduct at CSUF for disciplinary action.

\_\_\_\_\_ I will inform my massage therapist if I am injured, have any cuts, scrapes, bruises, warts, rashes (contagious or not), or any other skin conditions or medical concerns so we can make a safe and reasonable plan to move forward.

\_\_\_\_\_ I will update my massage therapist about any changes in my health status, including changes in medications and supplements.

\_\_\_\_\_ I will cancel or reschedule my appointment if I am ill with a contagious or possibly contagious condition or have an injury that might impact my massage. My massage therapist has the right to cancel my appointment if I have symptoms of illness or other medical contraindications for massage.

\_\_\_\_\_ I will not arrive for my appointment under the influence of alcohol or other pain-influencing substances. My massage therapist has the right to cancel my appointment if I present for session under the influence, and I will be charged the SW cancellation fee.

\_\_\_\_\_ Massage is not a substitute for medical or psychological examination, diagnosis, or treatment and that I am responsible for consulting a qualified mental or medical health care provider for any physical or psychological ailments that I have.

\_\_\_\_\_ My massage therapist will refer me back to my counselor/psychotherapist to address counseling needs, and to my medical provider to address medical needs, as appropriate.

\_\_\_\_\_ My massage therapist may communicate with other providers in SW about my treatment on an as-needed basis to ensure that I am getting the best care.

\_\_\_\_\_ It's important to arrive on time for my appointment. If I arrive late, my appointment end time will not be extended. If I arrive more than 10 minutes late, my appointment will be cancelled and I will be charged the Student Wellness no-show/late cancellation fee.

\_\_\_\_\_ If I am unable to attend my scheduled appointment, I will contact SW to cancel with at least 4 hours advanced notice, or be charged the SW no-show/late cancellation fee.

\_\_\_\_\_ If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

\_\_\_\_\_ I will let my massage therapist know about any discomfort with pressure, temperature, noise, or anything else that is distracting or making it difficult for me to engage fully in the massage.

\_\_\_\_\_ I will be asked to remove my shoes, but retain my underwear bottoms. Otherwise, my level of dress is up to me.

\_\_\_\_\_ My massage therapist has reviewed with me the universal no-touch zones that apply to all clients.

\_\_\_\_\_ I am receiving massage in a health care setting, and my massage therapist will not accept tips.

\_\_\_\_\_ My massage therapist is only able to use pre-approved equipment and supplies, and cannot use supplies, such as oils or balms, that I might bring to session.

\_\_\_\_\_ The use of any audio or video recording devices during sessions is prohibited.

\_\_\_\_\_ Treatment progress is unique to each person, but is influenced by the degree to which I follow provider recommendations. My massage therapist is unable to offer any guarantees about my treatment response.

\_\_\_\_\_ If I believe I have been subject to inappropriate or unprofessional behavior during a massage session, I have the option to express concerns or make a formal complaint to administrators in Student Wellness or the California Massage Therapy Council (CAMTC):

CAPS Director—Phone: (657) 278-3040

CAMTC—Web: [www.camtc.org/consumers](http://www.camtc.org/consumers) ; Email: [Info@camtc.org](mailto:Info@camtc.org) ; Ph: (916) 669-5336

I attest that I have reviewed this document in its entirety and have been offered the opportunity to ask questions and clarify any information I did not understand. All of my questions and concerns have been addressed to my satisfaction, and I agree to uphold the expectations of me as a Student Wellness massage therapy client.

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Printed Name

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Signature

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Campus-Wide ID Number (CWID)

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Date

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Massage Therapist Signature

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Date