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STATE OF DELAWARE
BOARD OF MASSAGE AND BODYWORK

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CERTIFIED MESSAGE TECHNICIAN CLIENT DISCLOSURE FORM

INSTRUCTIONS

The purpose of this form is to advise the client of massage and bodywork services that a Certified Massage Technician is legally authorized to provide under [24 Del. C. § 5307\(c\)](#). This notice to clients is required by [24 Del. C. § 5306\(a\)\(14\)](#) and Section 10.0 in Board's [Rules and Regulations](#).

Certified Massage Technicians must

- Provide this form to all new and existing clients for signature at the first treatment session
- Retain the signed form as part of the client's record.

1. Client Name: _____
2. Certified Massage Technician Name: _____
3. Delaware Certification Number: MC - _____
4. Please check each of the following items to indicate that you have been advised of and understand the information:
 - The Certified Massage Technician named above is **not** a Licensed Massage Therapist.
 - Certified Massage Technicians are legally authorized to practice **only** relaxation massage and/or bodywork.
 - Certified Massage Technicians are **not** legally authorized to treat conditions that have been diagnosed by a licensed physician.
 - Certified Massage Technicians are **not** legally authorized to treat a client on referral from a licensed physician or chiropractor.
 - Insurance will not reimburse treatment by Certified Massage Technicians.
 - I acknowledge that the Certified Massage Technician named above is providing massage and/or bodywork only for relaxation purposes and that any medical problem I have should be addressed by a medical professional.

Acknowledgment of Receipt of Notice

I, the undersigned Client, acknowledge that I have been advised of the foregoing information and that I have been given a copy of this *Client Disclosure Form*.

Client's Signature: _____ **Date:** _____