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STATE OF DELAWARE

BOARD OF MASSAGE AND BODYWORK

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CERTIFIED MASSAGE 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: _____