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## Consent to Treatment

**I, the undersigned, have been clearly and thoroughly informed regarding the treatment to be completed. All of my questions relevant to this treatment have been answered to my satisfaction. I have been informed about possible side effects, contra-indications and alternatives to massage therapy. I understand that all information provided to the therapist is private and confidential except as required by law. This information will be used only for purposes concerning assessment and massage therapy treatment provided by Rebecca VanGelder, RMT. Written authorization is mandatory before release of any information.**

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_