

## INFORMED CONSENT FOR BREAST MASSAGE

### INTRODUCTION

The Standards of Practice of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) and the Florida Board of Massage Therapy require separate written consent from female clients who receive therapeutic breast massage.

When the treatment of sensitive areas is indicated during the course of a massage therapy treatment, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to our discussion about the treatment, this written consent form will act as a record of that discussion. If you have any questions, either during our discussion or while completing this form, please do not hesitate to ask.

### Please Read The Following:

Under Florida Administrative Code 64B7-30.001, appropriate draping of a client shall include draping of the buttocks and genitalia of all clients, and breasts of female clients, unless the client gives specific informed consent to be undraped.

The NCBTMB Standard VI (h) states to only provide therapeutic breast massage: (i) as indicated in the plan of care; (ii) after receiving informed voluntary written consent; and (iii) only if the Certificant is permitted to do so under state law.

NCBTMB definition of Therapeutic Breast Massage: Manipulation of the non-muscular soft tissue structure of the breast up to and including the areola and nipple.

You may want to consult your medical doctor about the benefits of receiving breast massage, providing me with signed documentation which states your therapeutic or medical necessity for such massage.

INFORMED CONSENT FOR BREAST MASSAGE

I, \_\_\_\_\_, am voluntarily wishing to experience a session of breast massage by Joseph LaTorre, for the purpose for which is intended. Please mark the appropriate reason(s):

recovery from surgery.

scar improvement.

holistic breast massage.

lymphatic drainage.

I have discussed the treatment and/or treatment plan with Joseph LaTorre. During this discussion, the benefits, risks and side effects, areas to be treated, positioning and draping (covering) to be used have been explained to me. I have had the opportunity to ask questions about the above information and I know that I can ask any questions that I have, as a result of the treatment or further discussion, at a later date. As with any other part of massage therapy treatment, if at any time I feel uncomfortable for any reason, I will ask the therapist to cease the massage and the therapist will end either the breast massage or the treatment. The nipples and areolas of my breasts will not be touched during the treatment. There are various levels of comfort in receiving breast massage. I am checking the statements that I feel comfortable with:

I would like the therapist to demonstrate the technique for me while wearing a T-shirt.

I would like to remain clothed or draped and have the therapist work with me through clothing or draping

I am ok with having the therapist work the breast area while undraped with hands directly on the breast while performing massage.

I understand that I can alter or withdraw my consent for this treatment and/or treatment plan at any time during this or any other treatment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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