

Welcome

Therapeutic/Medical Massage and Bodywork provides enhancement of health and well-being to health-minded individuals. I am dedicated to providing clients with nurturing treatments and education to promote relaxation and self-healing. The success of the massage session(s) is built on trust, expertise, professionalism, and a personal touch that always puts the health and well-being of guest first.

Expectations

During the consultation, please tell me of any expectations or concerns you have. During your session, it is acceptable to have silence. However, it is necessary to hear from you regarding your treatment. If there is an area that is painful/tender or if you would like more/less pressure, it is helpful in giving you the best experience possible to tell me so that I may adjust your session accordingly. Also, all forms will need to be filled out completely & accurately for your session. Legal Guardian or biological parent may remain in the room throughout the session with anyone under the age of 18.

Guidelines

Timing

- Client will give a 24-hour cancellation as a courtesy to clients wanting/needing that appointment time.
- Any session can be lengthened based on the Therapist's schedule.
- If a Client shows up late (15 minutes or more) for a session, the Client will be billed for a full session and treated for the remaining time of the session. Anyone using gift cards or packages will have the payment automatically applied.
- If an emergency occurs for either the Client or the Therapist, the session may be rescheduled based on a mutual agreement.

Confidentiality & HIPAA

- The Therapist is bound by the HIPAA Act & it is the direct intention of this office to secure all PHI (personal health information) for each & every client.
- Any release of PHI not valid under the HIPAA Act, must have written consent of the Client through the Release of Information Form which can be obtained upon request by the Client or a provider.

Treatment

- The Client understands the Therapist is in no way making any type of diagnosis. Only suggesting possibilities of what could be happening based on evaluation, palpation & Client history given.
- The Client, hereby, authorizes treatment by the Therapist within the scope of licensing & training.
- The Client understands that the Therapist reserves the right to decide which cases fall outside of the scope of practice. You may be referred to another practitioner, including another massage therapist, a medical doctor, a physiotherapist, a chiropractor, a naturopath or an osteopath as your condition warrants and/or if it is in your best interest. This referral is based upon the information revealed in your health history, physical assessment and discussion between the Therapist and yourself.
- The Client determines which pieces of clothing will be removed.

- The Therapist discusses what is most helpful for the specific treatment; however, the Client makes the final decision.
- The Client determines which areas not to treat (i.e., no foot strokes due to being ticklish); likewise the Therapist determines which areas are not treatable (i.e., contra-indication, etc).
- Texas draping laws & regulations will be maintained at all times.
- You understand that the ultimate responsibility of your health care is your own and that we are here to support you in this goal. We reserve the right to discontinue treatment where it is apparent that your expectations and the care provided are not in agreement.
- Any person under the age of 18 years old & opposite sex must be accompanied by an adult during their treatment unless the parent or guardian signs waiver of attendance.
- If the Client would like another person (i.e., spouse, friend) to be in the session, they must adhere to the established boundaries.
- No sexual behavior/intonation is tolerated. The Therapist reserves the right to end the session due to sexual behavior/intonation & receive full payment for the session.

Payment

- Payment is made in the room to the therapist
- Payment is due at the time service is rendered, unless otherwise mutually agreed.
- We do not provide direct-billing for extended health insurance, therefore it is your responsibility to pay the fees directly to the provider and seek reimbursement for your claim using the provided receipt & any documentation needed for reimbursement.

The following are normal responses to touch therapy which sometimes occur during massage, you need not be embarrassed nor suppress them: movement/release of intestinal gas - crying - laughing - strong emotions - sighing - groaning - yawning - softening of muscle tissue - cognitive or felt memories - stomach gurgling, the need to move or change position. Should these arise & you feel uncomfortable, please let your therapist know you need a break or wish to end the session

Therapist's signature:

A handwritten signature in black ink that reads "Vikki Layman". The signature is written in a cursive, flowing style.

**Complaints can be addressed with: Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3199
Call toll free: 1-888-963-7111 or (512) 458-711