

Disclosure, Application and Consent for Massage Therapy and the Original Rolf Method of Structural Integration

Expectations:

I fully understand that the purpose of Structural Integration (SI) is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct tissue manipulation and education so that greater economy and freedom of body movement is achieved. Massage therapy is designed to relax and release muscular tension.

Further, I understand that any relief of emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Structural Integration or massage therapy.

Health and Well-Being Concerns:

I understand Structural Integration and massage therapy is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed.

The Practitioner of Structural Integration and massage therapy does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by the Structural Integration Practitioner should be misconstrued to be such.

Boundaries:

I understand it is necessary for the Structural Integration Practitioner to do a visual structural assessment and to touch my body in order to assist me in establishing balance and alignment.

I give Jack Boyd my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment. *Therefore, if I experience pain at any time during a session, I will inform the Practitioner immediately so that the pressure may be adjusted to my level of comfort. Also, if at any time I feel unsafe, I will immediately inform the Practitioner, and ask that he shall stop.* The therapist shall honor all such requests immediately. *I shall wear cotton underwear appropriate for visual structural assessment for SI.*

Commitments:

Because Structural Integration and massage therapy should not be done under certain medical conditions, I affirm that I have stated all my known medical conditions and have answered all questions honestly. I agree to keep the Practitioner updated as to any changes of my medical profile. I understand that there shall be no liability on the Practitioner's part, shall I forget to do so.

I will see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware of, if needed.

I give my manual therapist permission to consult and share information with my health care providers and relevant services of the WNC Holistic Center regarding my health, treatment, billing, and scheduling logistics. I contract to participate fully as a member of my health care team, making sound choices regarding my treatment based upon my experience of information and suggestions provided by my health care team. It is my choice to receive manual therapy, and I give my consent to receive treatment. I agree to participate in the self-care program we select and promise to inform my practitioner of changes in my health or any time I feel my well-being is compromised.

Signature: _____ Date: _____