



MASSAGE DOCTOR PLLC
Dr. Abdul Karim Taifour, LMPC
Phone 206-226-2527, Fax 866-305-5149
P.O. Box 27612, Seattle WA 98165
www.massagedoctor.com

PARENTAL CONSENT
FOR MINOR TREATMENT
& CLINIC POLICIES

Consent of Minor-aged Client and Parent / Guardian

I understand it is my choice for my minor child/ward to receive massage. I realize that the treatment is being given for the well-being of body and mind; this includes stress reduction, relief from muscular tension, spasm or pain, or increasing circulation or energy flow. We agree to communicate with A.K.Taifour LMPC any time we feel well-being is compromised or if any discomfort or pain is felt.

I understand A.K.Taifour LMPC does not diagnose illness, disease, or any physical or mental disorder; nor prescribe medical treatment or pharmaceuticals; nor perform spinal thrust manipulations. I acknowledge that massage therapy is not a substitute for medical examination or diagnosis. I agree to provide a recommendation from a health care provider if necessary to receive massage therapy.

I have stated all the minor child's/ward's medical conditions that I am aware of and will update A.K.Taifour LMPC as to any change in health status. This consent form is valid for today's sessions and all subsequent sessions unless revoked in writing by me.

Clinic Policy

Massage Doctor is a professional massage therapy practice. Each practitioner has his/her own state health department licensing, malpractice insurance and business licensing.

You agree not to hold A.K.Taifour LMPC or Massage Doctor personally liable for legal and financial issues or situations that arise.

You are agreeing to communicate with your practitioner immediately about any conditions or techniques during your work together that do not enhance your well-being. Failure to communicate all of your medical conditions may further damage your health.

Any actions that may be construed as sexual advances or unsafe behavior will be reported to the police station.

Massage Doctor is always open for suggestions and open to hearing issues or concerns. We make every effort to provide you with the highest quality service.

Massage Doctor is a HIPAA compliant office. Your privacy is important to us. Your personal information will be protected within our clinic and not shared with anyone outside of Massage Doctor. If your personal file needs to be reviewed by anyone, you will need to sign a release form.

Massage Doctor seeks to educate clients. By agreeing to receive services, you are opting in to receive education, announcements and offers through mail or email from Massage Doctor. Again, your personal information is never shared (nor sold) to third parties in compliance with HIPAA.

We ask for your cooperation with our RULE of 24. In effort to provide all of our clients with outstanding service, 24 hours notice is required for all cancellation notices and rescheduling requests. Please respect our practitioners' time and our other clients' requests by providing us with 24 HOURS NOTICE.

RULE of 24. In effort to provide all of our clients with outstanding service, 24 hours notice is required for all cancellation notices and rescheduling requests. Please respect our time and our other clients' requests by providing us with 24 HOURS NOTICE:

- \* If you do not show for a scheduled appointment without canceling, you will be charged the full fee of the scheduled service.
\* If you cancel with less than 24 hours notice, you will be charged half the fee of the scheduled service.
\* If you are more than 10 minutes late for a scheduled appointment, you may be required to reschedule and the rescheduling fee may apply. We reserve the right to treat each situation on a case-by-case basis.

Payments are due upon receipt of the invoice.

By signing below, you are confirming that you have read the above information and agree to the conditions as stated.

Client Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Client Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_