INFORMED CONSENT FOR BREAST MASSAGE

Under NRS 640C.700(4)(c) Grounds for disciplinary action include massaging, touching or applying any instrument to the breasts of the person unless the person has signed a written consent form provided by the Board.

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.

I, _____, am voluntarily wishing to experience a session of breast massage, for the purpose for which is intended: recovery from surgery, scar improvement, medical breast massage.

I have discussed the treatment and/or treatment plan with _____. 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.

I understand that the nipples and areolas of my breasts will not be touched at any time 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 breast massage 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:
_____ Clothed _____ Draped

____ I am comfortable having the therapist work under the draping with the hands directly on the breast while performing massage.

____ I am comfortable having the therapist work with the hands directly on the uncovered breasts 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.

Client Signature: _____ Date: _____

Massage Therapist Signature: _____ Date: _____

Please retain this record as instructed under NRS 629.051
In the event of a complaint or issue with law enforcement this form is to be mailed to:
Nevada State Board of Massage Therapists
1755 E. Plumb Lane Suite 252
Reno, NV 89502