

INFORMED CONSENT FOR BREAST MESSAGE

Pursuant to NRS 640C.700(4)(c), a licensee must have a signed written consent form provided by the Nevada State Board of Massage Therapy to perform a massage, touch, or apply any instrument to the breast of a client. Pursuant to NAC 640C.340, a licensee must ensure that the breasts of a client are draped at all times.

It is important that you, the client, fully understands the nature and purpose of the treatment, including when the treatment includes sensitive areas. We will discuss the treatment and 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 me.

I, _____, am voluntarily consenting to the massage, touch or application of an instrument to my breast.

As with any other part of treatment, if at any time I feel uncomfortable for any reason, I will ask the therapist to stop the treatment and the therapist will end either the massaging, touching or application of an instrument to my breast 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 treatment that involves massaging, touching, or the application of an instrument to the breast. I am checking the statements that I agree to:

____ 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 massaging, touching, or applying an instrument to the breast.

____ I am consenting to having my breast exposed during the treatment. I have either (1) requested that my breast be undraped during the treatment; (2) provided the therapist, a valid prescription; or (3) provided the therapist a referral from a qualified medical professional.

____ I attest that undraped treatment of my breast is for therapeutic or medical purposes.

My therapist has provided a written description and explanation of the treatment and/or treatment plan on _____(date)

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 Therapy
1755 E. Plumb Lane Suite 252
Reno, NV 89502