



Ka Malama `Anela

Kilani Pedro, L.M.T. LIC# NVMT 8362
Certified Angel Intuitive, Kahuna, CACR, CATR

702-900-7189

www.HuiOAnela.com
Kahuna@HuiOAnela.com

Ka Malama `Anela

Client Consent and Policies

“Angel Intuitive Massage” Informed Consent

• I understand the following:

- Any bodywork and/or energy work provided by Kilani Pedro DBA *Ka Malama `Anela* and *Hui O `Anela* is for the purpose of stress reduction, pain reduction, relief from muscle tension, increasing circulation, improving mobility/range of motion, rehabilitation from injury or other reasons discussed during intake.
- **I’m aware that a licensed massage therapist will not convey a prognosis or diagnosis for an illness or disease and does not issue or prescribe medical treatment or pharmaceuticals. I also understand that spinal manipulations are not a part of therapeutic massage.** *Check & Initial Here* _____
- I may confidently discuss any expectations and probable outcomes of a massage session with my licensed massage therapist. However, no promises or guarantees will, or can, be made to me about the success, result, or side effects of the sessions.
- I will accept my wellness role and actively participate in any homework assignments that may be suggested on my behalf, i.e.: maintaining proper hydration and nutrition prior to and following my session, stretches, hot / cold compress, etc.
- Including but not limited to all other services and products offered:
 - I am in agreement that the information received is not a substitute for counseling, programs or treatment from a licensed medical, legal or financial professional.
 - ***Ka Malama `Anela and Hui O `Anela provides no guarantees, or implied warranties and is not responsible for any interpretations, decisions made or actions taken by clients. Ka Malama `Anela encourages second opinions and, upon request, may offer referrals to a similar or alternative professional.*** *Check & Initial Here* _____
- I understand that angel intuitive massage is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.
- *Ka Malama `Anela and Hui O `Anela* will always maintain client confidentiality and privacy.

• **I have stated all my known physical health conditions and medications. I will keep the massage therapist updated on all changes. I will sign and provide all necessary forms and paperwork.** *Check & Initial* _____

• All questions and prompts listed on the Client Intake Form are for the client’s safety and benefit. Should the client choose to withhold any information, the massage therapist and *Ka Malama `Anela* will not be held liable.

• You, the client, will be given time and privacy for disrobing to your comfort level and access to the massage table. All disrobing and redressing will be done ONLY when the massage therapist exists the room.

• It is required by law that the client be properly draped while receiving professional massage. Medical-style draping will be practiced, meaning that one sheet and one towel will be used to cover any portion of the body that is not being worked on. Breast tissue, genital areas, and intergluteal cleft will never be uncovered by either party.

• I understand that if I experience any unusual discomfort and/or pain during my massage session it is my responsibility to inform the massage therapist so the pressure or technique may be adjusted to my comfort level.

• It is the right of the client or massage therapist to terminate the session at any point during the massage. Should the massage therapist choose to terminate the session, a reasoning and possible resolution, depending on the circumstances, will be discussed.

• The massage therapist reserves the right to refuse massage therapy on anyone that the therapist feels has a condition for which massage is contraindicated at any point prior to, or during, a session.

• Massage sessions are strictly non-sexual. Any suggestive or abusive statements or actions will result in prompt termination of the session wherein the client pays the full session. Law enforcement will be notified if necessary.

Check Here & Initial _____

Print Name: _____

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO PAGE 1 OF 2



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Client Consent and Policies

• I give consent to Kilani Pedro DBA *Ka Malama Anela* for the use and disclosure of my Protected Health Information (PHI) for the specific purpose of providing treatment, receiving payment for services rendered to me and for general administrative operations of the business. I understand that I have the right to request restrictions on the use and disclosure of my PHI, but *Ka Malama Anela* is not required to agree to these restrictions. If *Ka Malama Anela* agrees with my restrictions, the restriction is binding.

Policies and Procedures

- All services and products may be securely purchased prior to any session online by visiting AngelintuitiveMassage.com. If online access is not an option, then cash, credit or debit payment is accepted prior to your session. Tips are always appreciated. Please be available 20 minutes prior to allow for completion of the forms, any in-person payments, and the massage session preparations.
- A 24-hour notice is required to cancel an appointment via text or email. In the event of an emergency or tardy, please call, text or email.
- Cancellations made with less than 24-hour notice will result in the full session fee. It's understood that emergencies happen. Fees may be waived on a case-by-case basis.
- Rescheduling must be done no less than 48 hours prior to the scheduled appointment. All rescheduled appointments, less than 48 hours prior to appointment time, will have a \$10 processing fee unless the occurrence is from a contraindication or unforeseen emergency.
- A no-call or "no-show" will result in the full session fee.
- If tardy, time will be taken from the session. If half the session has passed, the result will be a no-call or "no-show".
- Times when massage isn't beneficial: If a client presents with signs and/or symptoms of illness that contraindicate massage (fever, undiagnosed rash, contagious infection), the session will be rescheduled. This is to protect the health of both the client and the therapist. If you are feeling sick or are unsure if massage is appropriate, call, text or email immediately.

Please contact me for schedule changes or any questions.

Business Cell Phone: 702-900-7189

E-mail: Kahuna@HuiOAnela.com

Online: AngelinuitiveMassage.com

I prefer my appointment reminders by Email: _____ Text :(____) ____-_____

Occasionally, *Ka Malama Anela* sends out promotional emails. Check here to Opt out.

Signature

Date

 Print Name

Check Here & Initial _____

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO PAGE 2 OF 2