

Name \_\_\_\_\_

**Informed Consent for Therapeutic Massage of Full Chest and Breasts, including nipples and areolae performed by Karen Asbury, LMT (#MA 60205629).**

Treatment of the breasts, including the nipples and areola, is performed to increase breast health awareness, improve respiration, reduce breast pain, relieve congestion and edema in the upper chest and breast tissue, ease tightness due to scar formation from surgery, increase range of motion, move the lymph, prevent stagnation of fluid, alleviate breast symptoms of PMS, enhance milk flow and production for breast feeding, ease discomforts of pregnancy and breastfeeding, increase flow of blood and lymph fluid throughout the breast tissue, relax the fascia connecting to the shoulders and anterior neck, and supports positive body image.

**I am aware:**

1. The intent of the massage is therapeutic and not sexual.
2. All genders have breast tissue, and under current regulations, must consent if massage of this area is to be performed.
3. I have the right to:
  - a. Discontinue the entire massage session, or any part of the session, at any time and for any reason.
  - b. Request the massage be given through the drape rather than directly on my body, at any time for any reason.
  - c. Provide a witness to be in the room with me while I receive massage.

**Please read carefully and initial ALL that apply for you today:**

\_\_\_\_\_ I consent to have this area treated      \_\_\_\_\_ I consent to have this area undraped

\_\_\_\_\_ I prefer NOT to have this area touched      \_\_\_\_\_ I consent to treatment over clothes or drape

\_\_\_\_\_ For comfort reasons, I consent to have my full chest undraped for the entire treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_