

I, Juline Rosa, am a Massage Therapist. I am not a licensed physician. Massage therapy services for healing purposes are not licensed by the state of California. I am certified by the California Massage Therapy Council as a Massage Therapist. My certification number is 19949. The CAMTC is a state board certifying agency allowing me to practice anywhere in California.

I perform Swedish Massage combined Shiatsu and Tui Na . These techniques combine physical massage with oriental energy therapy using acupressure points. Acupressure uses the same points as acupuncture but without the needles

I have received my training and education at the Acupressure Institute in Berkeley, graduating in 1996.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My methods of treatment, massage therapy and bodywork, are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving bodywork.

Acknowledgement and Consent to Receive Services

I have read and understand the above disclosure about the massage therapy offered by Juline Rosa and Juline Rosa's training and education. I have discussed with Juline Rosa the nature of the services to be provided. I understand that Juline Rosa is not a licensed physician and that massage therapy and bodywork services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Juline Rosa, and agree to be personally responsible for the fees of Juline Rosa in connection with the services provided to me.

Signed: _____

Date: _____

(client/parent/conservator/guardian)

(name of client)