Welcome! Thank you for participating in our Student Clinic. This is a very valuable learning experience, as the students have an opportunity to work with a variety of clients in a professional setting. This is excellent preparation for beginning practice into Therapeutic Massage and Bodywork.

Please read the following information and sign and date on the last page of this form. We hope that you will enjoy your experience, return again, and refer others to our clinic.

**Before Your Massage**

• We request that you always arrive 15 minutes prior to your scheduled appointment time. You will likely have a different student therapist than your previous appointment and they will need to check-in with you regarding your health status and the goals for that day’s session. In order for you to receive a full session of bodywork, the students need time to speak with you before the session. The students will end the session at the scheduled time; they are not permitted to extend the treatment time if you are late in arriving. We recommend 15-20 minutes before a first session in the clinic to fill out the appropriate paperwork.

• At the beginning of your session, the student will take you to your private curtained suite to interview you to gain important information about your health history. This information, and all other documentation regarding your visit, is kept private and confidential.

**During the Session**

• Once the interview is completed, the student will give you instructions for preparing for the session and will leave the area for you to change and get on the table. Once you are ready, the therapist will ask permission to return and begin your session. There will be 3-5 other clients receiving sessions at the same time. Please keep in mind the proximity of the other clients and speak softly when in the clinic.

• A member of the Johnston Community College Therapeutic Massage Program Faculty will be present at all times, and will be supervising the student working with you. The instructor will periodically be in the treatment area; perhaps answering questions, discussing technique or speaking quietly with the student. To facilitate this, your curtained area will be open slightly during the session.

• Every attempt will be made to ensure your comfort during the session. Please feel free to give the student feedback at any time. If for any reason you wish to terminate the session, it is your right to do so and the student will comply.

• JCC students adhere to exacting standards of ethics and professional boundaries. Any sexually suggestive remarks or advances will result in immediate termination of the session.

• The students are required to perform only those techniques that they have been previously taught in class and lab. If you request a technique or type of work that they have not yet studied, they are not allowed to apply it. We encourage you to experience different types of bodywork as the students learn to incorporate them.

• It is required that all cell phones be turned off during the session. If you are expecting an urgent call, arrangements may be made with the supervising faculty.

**After Your Massage**

• At the end of your session you will be asked to fill out a Post Massage Comment form. Your honest and thorough feedback on each session in the clinic is greatly appreciated. The students are incorporating new techniques and refining their skills and your feedback is essential to the progress of the learning process. Please take a few minutes to provide some specific notes on the form and

give it to the student manager or clinic supervisor. You may give verbal feedback to the student at any time during your session, and to the supervisor at the end. Students are not directly graded on the basis of your feedback.

• If you have enjoyed your experience, we encourage you to make additional appointments. The students need to complete a required number of clinics in order to graduate.

**Payment Information**

• The fee for a 60 minute appointment is $40.00 and a 90 minute appointment is $60.00, payable by exact cash or check (made out to JCC). The clinic manager will take your payment and provide a receipt prior to your appointment. Discount for seniors (60+) is 10% and discount for faculty, staff and students is 20%-please bring ID.

• Gratuities are not allowed. Students are prohibited (by State Law) to receive payment in any form for clinic sessions, and are subject to disciplinary action if they do so. Please be assured that your participation in this learning experience is greatly valued by them, and no additional personal compensation is expected or accepted.

• JCC Student Clinic fees are not eligible for health care insurance reimbursement (including Health Care Reimbursement programs for non-covered expenses). These fees are used to support the program for needed supplies.

**Making Appointments**

• If you need to cancel or change an appointment, please call 919-209-2583 and let us know as far ahead of time as possible. Leave a number where we can reach you to re-schedule at a later date. We ask that you make every effort to keep your scheduled appointments. If you do not keep an appointment and do not call ahead to cancel, you may request another appointment; however, due to high demand, we may not be able to re-schedule.

• In an effort to provide a wide variety of experience to the students, we will not be assigning clients to the same student therapist.

• We do not switch clients and student therapists on the day’s schedule, appointments are assigned on rotation. Clients may not request a specific student. We may not be able to honor a request of the gender of a therapist, but we do attempt to make each client comfortable if at all possible, so please do make your request known. We ask that you understand that we may not be able to comply with your request. Please speak to an instructor if you have questions.

• Please do not ‘switch’ appointment times with someone else or send someone in your place. Your clinic files are kept in a secured file and when someone unexpected arrives, those files have to be retrieved. The students also need time to review what treatments you have received previously in order to plan appropriately for that day.

**Information Regarding the Privacy of Your Records**

The information collected about you and your visits to our Student Clinic is kept private and confidential in a secure (locked) location. You may request a copy of your records, or authorize the release of your records to a health care provider by submitting a written request to the Therapeutic Massage Program Office. Four years from the date of your last visit, your records may be destroyed by our clinic.

The Johnston Community College Therapeutic Massage program does not electronically store or communicate any health care information about you to anyone else, for any reason or purpose.

**Therapeutic Massage Consent & Release**

Johnston Community College (JCC) Student Therapist(s) will not diagnose any illness or disease. We will assess your therapeutic massage needs and perform a therapeutic massage accordingly. Please consult a primary healthcare physician for medical treatment and, if necessary, consult with your primary healthcare physician prior to receiving a therapeutic massage.

I, the undersigned, fully understand that, as a part of their clinical requirements, JCC Therapeutic Massage Students shall be administering my therapeutic massage. I further understand that the students administering my massage do not have a license but are under the supervision of a Licensed Massage and Bodywork Therapist (LMBT).

I understand that there can be negative side effects associated with a therapeutic massage including, but not limited to: temporary bruising, discomfort and pain, lightheadedness and nausea. In some cases, therapeutic massages can directly cause a new injury or aggravate an existing injury. To the best of my ability, I certify that the medical information I provided on the Health Intake Form is true and accurate. Furthermore, I hereby assume the risk of any and all injuries, illnesses and damages associated with, or that may arise from, my therapeutic massage sessions and do hereby waive, release and forever hold harmless JCC, its Board of Trustees, Officers, Employees, Students and Agents for any and all liability, losses, expenses, claims, demands, actions and any and all causes of actions whatsoever, arising from, or related to, my therapeutic massage sessions, whether known or unknown or hereinafter arising.

Client Name - Please Print

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Signature Date

**Policies Agreement**

By signing below, I am indicating that I have read and understand the JCC Therapeutic Massage Student Clinic Policies. I agree to abide by these policies.

Client Name - Please Print

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Signature Date