



Wake Technical Community College
Therapeutic Massage Program
Student Clinic

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 in Therapeutic Massage and Bodywork.

Please read the following information and sign and date on the third and fourth pages 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 10 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 55 minutes 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 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, you will be escorted to the clinic room, where a private area is curtained for 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 Wake Tech 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 insure 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.



- Wake Tech students adhere to exacting standards of ethics and professional boundaries will be adhered to. 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 an evaluation 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 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 clinic sessions in order to graduate.

Payment Information

- The fee for a clinic appointment is \$20.00 payable by cash, check (made out to Wake Tech) or money order. The clinic supervisor will take your payment and provide a receipt prior to your appointment in Room 417.
- 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 compensation is expected or accepted.
- Wake Tech Student Clinic fees are not eligible for health care insurance reimbursement (including Health Care Reimbursement programs for non-covered expenses).



Making Appointments

- If you need to cancel or change an appointment, please call 919-747-0166 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 be limiting clinic clients to approximately one appointment every 2-3 weeks during fall and spring semesters.
- 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 or make demands as to the gender of their therapist.
- Please do not 'switch' appointment times with someone else or send someone in your place without letting us know. Your clinic files are kept in a secure office 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.

The Wake Technical 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.

Consent and Agreement

By signing below, I am indicating that I have read and understand the information on this form:

Client Name - Please Print

Signature

Date



Therapeutic Massage Release

Wake Technical Community College (WTCC) 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, WTCC 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 WTCC, 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

Signature

Date