Breast, Chest Wall, and Diaphragm Massage Exposure Consent Form

A. Starr Therapeutics

Client Name: _____
Date: _____

Purpose
Massage and manual therapy of the breast tissue, chest wall, and diaphragm areas can support lymphatic flow, improve respiratory function, and relieve muscular tension. This work is **therapeutic and non-sexual** in nature and will only be performed with your **informed, written consent**.

Areas Involved
Techniques may include gentle manual therapy to the following regions:
- Upper chest and pectoral muscles
- Lateral chest wall (side of the ribs and underarm area)
- Diaphragm and upper abdominal region
- Breast tissue (as appropriate and within professional scope)

All techniques will be performed within your comfort range, with clear communication and consent throughout the session.

Draping and Exposure
- Draping will be used at all times to protect your privacy and maintain professional boundaries.
- Only the area being treated will be uncovered.
- You may request that draping remain in place at any time.
- You may stop or modify any part of the session at your discretion.

Consent
Please initial each line to indicate your understanding and consent:

_____ I understand the purpose and potential benefits of this treatment.

_____ I understand that this work is strictly therapeutic and non-sexual.

_____ I have had the opportunity to ask questions and receive satisfactory answers.

_____ I consent to exposure and/or massage of the chest wall and diaphragm area.

_____ I consent to exposure and/or massage of the breast tissue (optional).

_____ I understand I may withdraw consent at any time, before or during the session.

Client Statement
I have read and understood the above information and consent to receive the described treatment under the agreed-upon conditions.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____