



American Massage Council Class II Application Addendum



Name: _____ Phone: _____

Completion Instructions:

In your application for massage malpractice coverage, you indicated that you utilized the modalities checked below (the "Listed Modalities"). For coverage to extend to the Listed Modalities, a separate Professional Services Endorsement is required. The Class II Endorsement extends coverage to all approved Modalities in the Class II rating band (cost is \$25).

Sign below, as indicated, and return the completed addendum to the American Massage Council, 1100 W. Town & Country Rd. #1400, Orange, CA 92868 or email to info@massagecouncil.com.

Class II (\$25 covers all Class II):

- | | |
|---|---|
| <input type="checkbox"/> Electrical Stimulation (E-Stim) | <input type="checkbox"/> Rubber Cupping |
| <input type="checkbox"/> Lava Shell Massage | <input type="checkbox"/> Cupping (hard or warm cupping) |
| <input type="checkbox"/> Gua Sha | <input type="checkbox"/> Kinesio Taping |
| <input type="checkbox"/> Hot Stone Massage (<i>Complete Stone Massage Addendum</i>) | |

Representation and Signature:

Proper Licensing: I hereby declare that I hold a current license and/or certification to practice massage, and maintain current certification as required to provide the modalities indicated above under my massage certification. I understand that failure to maintain proper certification may void coverage for the Listed Modalities.

Treatment of a Condition, Disease or Injury: I understand and agree that the Listed Modalities are only covered to the extent that a claim is asserted for a bodily injury directly resulting in physical injury to the claimant as a direct result of the application of the Listed Modalities. I represent and warrant that I will not indicate or imply to anyone that the Listed Modalities heal or treat any condition, disease or injury. I understand and agree that there will be no coverage for a claim asserting: (1) that the Listed Modalities are ineffective in healing any condition, disease or injury; (2) that the Listed Modalities were misrepresented as appropriate for treating or healing any condition, disease, or injury; or (3) that other care or treatment should have been sought instead of the Listed Modalities.

Sign here: _____ Date: _____

COVERAGE APPLICATION ADDENDUM

HOT STONE MASSAGE THERAPY SAFETY PROTOCOLS

Please review the safety protocols below, which are required for Hot Stone coverage to apply to your policy.

1. Susceptibility to Burns – Some clients are more susceptible to burns than others. Before providing hot stone massage, verify if any of the following heat sensitive conditions apply to your client: a. Burn Sensitive Health Conditions – Diabetes, rheumatoid arthritis, neuropathy, fibromyalgia, the flu, pregnancy; b. Medication – Some medications are known to increase heat sensitivity; c. Skin type – Certain skin types may be more susceptible to burns; d. Age – Children and the elderly are at greater risk for burns; e. Recent injury - A person who has recently been injured or burned may not tolerate heat well. If any of these apply, either 1) Decline to provide hot stone massage, or 2) Moderate the heat of stones used, and monitor the client closely for any reaction.

Initial to indicate you agree to follow this safety protocol _____ X

2. Selecting and Sanitizing Stones – Not all stones are suitable for massage. Porous stones may lead to the unintended transmission of infection. Abrasive stones may injure a client’s skin. Stones with unpredictable heat conductivity could lead to burns. To avoid problems, stones should always be obtained through a professional supplier of massage stones, or through the spa where you work. Prior to use, stones must be sanitized properly to avoid infection risk.

Initial to indicate you agree to follow this safety protocol _____ X

3. Informed Consent - There is a risk of burns associated with hot stone massage. Clients need to be informed of that risk, or you can be held liable, even if you did nothing wrong. Prior to providing hot stone massage, you should obtain a signed Informed Consent outlining the risks of treatment. A sample form is included with this application addendum.

Initial to indicate you agree to follow this safety protocol _____ X

4. Properly Heat Stones – Improper heating of stones is the biggest cause of burns in massage. Several steps should be followed to minimize the risk of burns: **a. Heating Procedure** – Stones should be heated with a professional stone heater, such as a Spa Pro or comparable device, designed to reliably heat stones to a proper temperature. Always use a professional stone heater, not a household appliance, when heating stones. **b. Temperature** – Use a thermometer to verify the temperature, and never heat stones above 130 ° F. Tell your client to immediately alert you if a stone feels too hot. If a stone feels too hot for them, remove it at once! **c. Too Hot – Don’t Use it** – If a stone is too hot, never attempt to cool it off and use it. This only temporarily cools the outside of the stone, and leaves the client at risk of a burn when the core of the stone transmits heat to the surface. Put the overheated stone away, and, instead, get another stone that is properly heated.

Initial to indicate you agree to follow this safety protocol _____ X

5. Leaving Stones in Place – If your hot stone massage technique involves leaving stones in place for a period of time, there are two precautions you should always follow. First, separate the stone from direct contact with the skin with a cloth or material. Second, stay present at all times with your client in case of emergency.

Initial to indicate you agree to follow this safety protocol _____ X

I have reviewed the above safety protocols and agree to incorporate them into my practice of stone massage. I understand that there will be no coverage for hot stone massage unless a signed informed consent has been obtained prior to providing treatment. I warrant that I have completed all training, and hold all necessary certifications, if any, required for providing hot stone massage in my state. I understand that untrue statements could void my coverage.

Sign Here: *X* _____ **Date:** _____

Print Name: _____



American Massage Council



Payment Authorization Form

Credit/ Debit Card:



Cardholders Name: _____

Account Number: _____ Expiration Date: _____

Billing Address: _____

City / State / Zip: _____

Checking or Saving Account:

Bank Name: _____

Routing Number: _____

Account Number: _____

City / State: _____

For one-time payment: I acknowledge that I am the accountholder or have authorization to use this credit/debit card or bank account for a one-time payment. I hereby request and authorize to charge the credit/debit card or bank account listed above for the current premium due. This authorization is only valid for the current premium due and does not apply to any future payments due.

Name: _____

Date: _____

Fax or Email To:

Fax: (714) 571 – 1863 Email: info@massagecouncil.com