

MASSAGE THERAPIST INDEPENDENT CONTRACTOR AGREEMENT

This Massage Therapy Services Agreement is made between [CLIENT NAME] ("Client") and [CONTRACTOR NAME] (the "Therapist"), LMT License No. [MESSAGE THERAPY LICENSE CERTIFICATION NUMBER].

1. License

Licensed massage therapist (LMT) in [STATE], license [MESSAGE THERAPY LICENSE CERTIFICATION NUMBER]; shall maintain license, CE, and any NCBTMB certifications.

2. Scope of Practice

Therapeutic massage within the Therapist's license scope. The Therapist shall NOT diagnose medical conditions, prescribe medication, manipulate joints beyond passive ROM (unless separately licensed), or perform services outside the state-defined scope.

3. Session Length and Fees

Standard session: **60 minutes**. Rate ***/hr. Net 30 (where applicable; session fees typically due at time of service). Cancellation <24 hours: full charge except documented illness/emergency.

4. Informed Consent and Intake

The Therapist shall obtain intake and signed informed-consent form before the first session and screen contraindications (DVT, recent surgery, fever, contagious skin conditions).

5. Draping; Professional Conduct

Proper draping at all times. Compliance with NCBTMB Code of Ethics and state board rules, including zero tolerance for sexual conduct or solicitation.

6. HIPAA

Where the Therapist creates/receives PHI on behalf of a covered entity, a BAA shall be executed and HIPAA (45 C.F.R. Parts 160, 164) followed.

7. Sanitation

Linens laundered between clients; tools sanitized per state board rules.

8. Mandatory Reporting

Compliance with state-specific suspected-abuse reporting duties.

9. Independent Contractor

Standard IC. W-9 / 1099.

10. Term / Termination

30-day termination; 10-day cure.

Cap 1× fees.

General Provisions

Governing law [STATE]. Venue: [VENUE CITY]. Fee-shifting.

Signatures

Client

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE

Therapist

_____ PRINTED NAME

_____ SIGNATURE

_____ DATE