

Project Helping Hands

A program of the Multiple Sclerosis Society of Portland, OR Inc.

Client Agreement and Consent Form

I wish to participate in the Multiple Sclerosis Society of Portland, OR Inc.'s (MSSP) massage program entitled, "Project Helping Hands." By signing this form I understand and agree to:

1. I certify that I have been diagnosed with Multiple Sclerosis. I have enclosed verification of my diagnosis.
2. My physician has approved my participation in the program. I have included a prescription for massage or letter from my doctor's office approving my participation.
3. Keep all regularly scheduled appointments.
4. I will call my therapist and give a minimum of 24 hours advance notice if I must cancel an appointment.
5. I will call my massage therapist and/or doctor if I am experiencing any pain, tremors, or muscle weaknesses while participating in this program.
6. The purpose of these visits is for "comfort only" and they are not meant to replace physical therapy.
7. I agree to pay \$10.00 per visit, payable to the massage therapist, at the time of service. For other arrangements contact the MSSP at 503.297.9544.
8. MSSP has permission to contact my doctor (designated on the Client Application) if needed.

Furthermore, I hereby release and forever discharge the Multiple Sclerosis Society of Portland, OR Inc., its agents, servants, volunteers, employees, officers and directors, of and from any and all legal actions associated with my participation in "Project Helping Hands." This consent form is intended to be legally binding.

Signature

Date

Don't forget a complete application packet contains:

- ___ 1. Complete Client Application
- ___ 2. Complete Client Agreement and Consent Form
- ___ 3. Doctor's approval to participate (a prescription, faxed letter, etc)
- ___ 4. MS verification (Copy of your Avonex, Beta-Interferon, Copaxone, or Rebif prescription label, letter from your doctor's office or chart notes that states you have MS)

Turn in packets by one of the following methods: Email to program@msoregon.org; Fax 503.297.6264; or Mail/Deliver to MSSP 2901 SE 122nd Ave, Portland, OR 97236