

## DZRRT Program Code of Ethics

As a Student and Technician of Okazaki Restorative Massage, I pledge to:

1. Conduct myself in the highest professional and ethical manner and honestly promote the arts and science of Okazaki Restorative Massage.
2. Represent my education, certification, professional affiliations and other qualifications honestly. Practice my profession within the limitations of my training and licensing and will perform only those services for which I am qualified.
3. Educate myself regarding regulations which pertain to my practice.
4. Keep accurate client records, including an overview or profile of a client's health history.
5. Discuss any problem areas that may contraindicate massage, and refer clients to appropriate medical or other professionals when indicated.
6. Keep all client information, whether medical or personal, strictly confidential within the constraints of law.
7. Respect the rights of all other practitioners, and cooperate with all medical professionals in a friendly and professional manner.
8. Pay strict attention to personal hygiene and professional appearance and follow commonly accepted hygienic procedures.
9. Provide a professional and relaxing atmosphere for clients including: Clean linens and treatment area; Proper temperature of room, lotions, and oils; Appropriate lighting; Maintain privacy.
10. Maintain clear and honest communications with my clients, endeavor to establish and maintain trust in the client relationship, and to establish clear boundaries and an atmosphere of safety.
11. Maintain a distinct separation between professional and sexual relationships, and require the same distinction from my clients.
12. Respect the client's feeling of vulnerability during massage, and consider the client's comfort zone for touch and for degree of pressure, and honor the client's requests as much as possible within personal, professional and ethical limits.
13. Acknowledge and honor the inherent worth and uniqueness of each person regarding physical, psychological and philosophical attributes.
14. Conduct my business honestly with clear and reasonable fees and scheduling.
15. Strive for professional excellence through regular assessment of my personal and professional strengths and weaknesses and by continued education and training.

My signature below means that I have read and understand the information on this page.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_