

Privacy Policy and Informed Consent For Massage Therapy

Privacy Policy:

All massage treatments, health information, and records will be safeguarded and remain confidential, and will be used only to inform the massage therapist for the purpose of treatment. Information may be shared with other health care professionals within the client's approved circle of care to aid in the process of assessment or treatment. Some exceptions apply, as required or permitted by law, or to aid in the process of assessment or treatment, in which case the patient will be asked for their written consent for the release or sharing of their information. Insurance companies may ask for, and we will provide *only confirmation of appointment times and costs*, for purposes of their occasional auditing of claims.

Appointment Times and Fees: Fees for Massage Therapy appointments are as posted at the front of the office.

All appointments, and especially the first appointment, may include time to review or check in regarding health history and to assess or reassess structures for which treatment has been requested, within the scheduled appointment time.

Promptness is required for appointment times. In the event of lateness, the massage time may need to be cut short. Fees will be charged as per the originally scheduled time.

Twenty-four hours' notice (48 hours for Saturday appointments), are required for cancellation or rescheduling of an appointment. Short of the required notice, the appointment is considered missed, and the full fee may be charged (emergencies and unforeseeable circumstances excepted).

Payment may be made by cash, Debit, Visa, Mastercard, or cheque, due at the time of treatment. Direct billing to your insurance company is offered as a convenience where possible, but in all cases, if the full fee is not available from the insurance company, the difference is due at the time of treatment.

Consent:

I understand and accept the above Privacy Policy.

I understand and accept the above terms for appointment times and fees.

I understand that, per the Standards of Practice of the College of Massage Therapists of Ontario, the massage therapist will discuss with me the nature and purpose of massage therapy as well as the nature of my physical complaint and/or concern, the proposed treatment plan, and the benefits, risks, and possible complications or contraindications. I understand that results are not guaranteed.

I understand that the integrity of each client will be respected, ie:

- that privacy for undressing and dressing is assured, and that I must give consent if I choose to receive assistance with undressing and dressing, and that I need only remove clothing to my level of comfort;
- that proper draping will be provided to assure security and privacy such that only the body part being treated will be uncovered;
- that pain is not a desirable part of treatment; that the client will be completely respected regarding tolerable discomfort during treatment, and the client and therapist will remain in communication about comfort levels throughout the treatment;
- **Sensitive Areas:** that touching/treatment of specific areas listed here will be discussed in advance of the treatment, that the rationale for treatment of these areas, the pros and cons and alternatives, will be discussed in advance of treatment, and that my consent to treatment of these areas is indicated by my signed consent on the (separate) form provided, after such discussion, for each treatment.
 - gluteal (buttocks) muscles, upper inner thigh and anterior hip muscles, chest wall (anterior/lateral) muscles, breast tissue, and abdomen

I understand that if I feel uncomfortable at any time during the treatment, I may refuse, modify, or terminate treatment at any time, regardless of prior consent given.

I provide my full and voluntary consent to be treated by the RMT(s) indicated below. I intend this consent to cover the entire treatment plan for my present condition and for any future treatment plans I agree to.

I consent to have occasional health newsletters from Balanced Health Care emailed to me. These newsletters may include health information, educational/promotional events and/or updates pertaining to the clinic. I understand that I may unsubscribe from these emails at any time.

Print Name _____ **Signature** _____

Date Signed _____ **RMT** _____