

Informed Consent - Treatment Agreement

Please read the following carefully and thoroughly. Do not hesitate to ask any questions.

As part of my profession's on-going commitment to provide quality care, it is essential that you are fully aware and fully understand your rights and type of treatment as a client of mine.

Clients Rights

It is your right to give FULL Informed Consent. Consent can be withdrawn at any time however; it must be given before any treatment can commence. It is your right as a client to refuse, modify or terminate the treatment at any time regardless of prior treatment.

Draping defines the physical boundary which ensures that safety, comfort and privacy of the client. ONLY those areas being treated will be undraped. Being fully draped or fully clothed is an option during treatment.

All client information (verbal or written) is strictly confidential and will be safe guarded by the therapist except when disclosure is required by law or order of the court. Written authorization will be obtained prior to all communications concerning client records.

Treatment will only be provided within the therapist's Scope of Practice. Upon your first visit, the therapist will go over your health history form. This is a guideline for your specific health care needs and to ensure an effective treatment. If you have a specific condition that you wish to have treated the therapist will perform a full assessment with your consent. This assessment may include gait analysis, posture analysis, range of motion (ROM) and various orthopaedic tests.

If you have any questions or concerns regarding your treatment please feel free to speak to your therapist prior to or during your treatment. The therapist has the right to terminate or refuse treatment if there is a reasonable cause.

I _____, as a client of _____ understand the importance of maintaining and observing appropriate physical and emotional boundaries while maintaining a proper client-therapist relationship. I also agree to the fees posted and discussed or acquired from other sources (website, brochures etc.) prior to my treatment.

I have read and fully understand all information in this consent. Anything that was unclear was discussed and explained by the therapist. I confirm that I am capable of consenting to the treatment. I acknowledge that my consent is voluntary and I understand that I may withdraw my consent at any time.

Signature: _____

Date: _____

Missed Appointment Policy

Due to the large block of time reserved for a massage therapy treatment and the limited number of patients we can treat each day, it is important for us to be able to fill this time when there is a cancellation. Therefore, a 24-hour cancellation notice is requested for this purpose. A fee of half the scheduled treatment cost will be charged (with discretion) to the account whenever insufficient time is given to rebook.