

MASSAGE INFORMED CONSENT TO ASSESSMENT & TREATMENT

I hereby request and consent to the performance of physical and functional, assessment and treatment procedures on me by a Registered Massage therapist at the BodyMend Wellness Clinic.

I understand I will be informed about the following:

- What the assessment / treatment is
- Aim or goal(s) of treatment
- Reasons for assessment/treatment
- Possibility of sensitivity/allergies to oils / lotions used
- Clothing: “undress to the level of comfort”
- Explanation of draping & pillowing
- Explanation of positioning (prone, supine, side- lying)
- Explanation of areas of the body to be treated
- Pressure used and pain concerns
- Ability to stop or modify the treatment whenever requested

I further understand that massage therapy is not a substitute for a medical examination, diagnosis or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware.

I acknowledge that I can ask any question which may arise at any time in the future. My consent is informed and voluntary, and I understand that I may withdraw my consent at any time except for the actions already taken. I agree to inform the massage therapist of any changes in my health profile. As treatment progresses or changes are indicated, prior consent will be obtained by verbal agreement.

By signing this form I give my consent to proceed with the treatment / assessment as outlined above.

Client Name (Please Print)

Client Signature

Date (month/day/year)

Notice With Respect To the Collection of Personal Information

This information is being collected and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the *Municipal Freedom of Information and Privacy Act*, R.S.O. 1998, c. M. 56, and the *Personal Health Information Protection Act*, 2004, S.O., 2004, c.3. This information will only be used for the provision or assisting in the provision of health care services including assessment, treatment, consultation, referral, educating/teaching, and development of programs/products/services. Any questions regarding this collection may be directed to the Director of the **BodyMend Wellness Clinic, 188 Main Street S., Units 8 & 10, Brampton, ON, L6W 2E2, Telephone 905 456 8196, Fax 905 456 9857, www.bodymend.ca.**