

Body Kneads Massage Centre

CLIENT CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of personal information is an important principle to our office. We are committed to collecting, using and disclosing your personal information responsibly and only to the extent necessary for the services we provide. We also try to be open and transparent to how we handle personal information. It is important to us to provide this service to our clients.

All staff members who come in contact with your personal information are trained in the appropriate use and protection of your information.

Outlined below is what Body Kneads is doing to ensure your privacy:

- Only necessary information is collected and/or shared about you with your consent;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols;
- Our privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Massage Therapists of Ontario and the law.

We will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient client care
- to assess and provide your therapeutic needs and to advise you of alternate treatment options
- to enable us to contact you to establish and maintain communication
- to allow us to efficiently follow up for treatment, care and billing
- to complete and submit claims for cost of treatment to a third party or to collect unpaid accounts
- to comply with regulatory requirements, including the College of Massage Therapists of Ontario, who may inspect our records as a part of their regulatory activities in the public interest

By signing the consent section of the Client Consent Form, you have agreed that you have given your informed consent to the collection, use and disclosure of your personal information for the purposes that are listed.

Client Consent

I have reviewed the above information that explains how Body Kneads will use my personal information and the steps Body Kneads is taking to protect my information.

I agree that Body Kneads Massage Centre can collect, use and disclose personal information about

_____ as set out above in the information about their policies.

Print Name

Signature

Date

Address

Town/City

Postal Code

Phone Number

Alternate Phone Number (in case of clinic cancellation)

_____ Email address – If interested in Email reminders or our Monthly Newsletter

CLIENT CONSENT FORM

Massage Fees:

I understand that the fees for Massage Therapy Services are as outlined on the posted current fee schedule. I also understand it is my responsibility to pay for services and deductibles not covered by my extended health insurance. I understand that there is a minimum \$35.00 cancellation fee for appointments canceled with less than 12-hour notice. Appointments canceled less than 4 hours of the scheduled appointment time or missed completely are subject to a minimum \$50 fee due immediately and must be paid prior to re-booking. Excessive abuse of appointment times will result in 100% fee charge of the scheduled appointment time. Please note that all cancellations MUST be made by phone.

Name: _____ **Signature:** _____ **Date:** _____

Treatment of Sensitive Areas:

As mandated by the CMTO, your therapist will inform you of risks, benefits and draping necessary prior to treating any indicated sensitive areas: breast, chest wall, gluteals and upper inner thighs.

We are required to obtain your written and verbal consent at the time of treatment.

Client's Initials: _____

Insurance Billing:

I give Body Kneads Massage Centre the right to electronically bill my private insurance carrier and receive payment for my treatment fees from the insurance company directly if applicable.

Client's Initials: _____

Extended Health Insurance Audits

I give Body Kneads Massage Centre consent to verify any appointments and fees for services by me to my extended health insurance company.

Client's Initials: _____

Medical Information:

I give Body Kneads Massage Centre the right to contact my primary care physician or other health providers to update the status of my care and to co-ordinate treatment plans in order to better my outcome.

Client's Initials: _____