

Please DO NOT copy these forms – check the appropriate box on the Case History form

PATIENT CONSENT FORM

- A patient health history form is a legal requirement mandated by the College of Massage Therapists of Ontario (CMTO).
- A patient health history form is required prior to your first treatment, every year, and after an absence of one year from your last treatment.
- All information discussed and recorded is completely confidential. Your written authorization is required for the release of any personal information pertaining to your file.
- All patient information will be securely stored for 10 years following their last treatment. If the patient is under the age of 18, the information will be retained for 10 years following the patient's 18th birthday. Once the appropriate time has elapsed, the contents of the patient's file will be properly disposed of.
- Massage Therapy is by definition ``the assessment and treatment of the soft tissues of the body``. Every Registered Massage Therapist (RMT) may employ a variety of different manual techniques during a massage therapy treatment.
- A Registered Massage Therapist (R.M.T.), while trained in massage therapy, is unable to “diagnose” any form of illness, disease, or injury.
- Fee: 30-minute appointment..... \$ 70.00 (includes HST)
45-minute appointment..... \$90.00 (includes HST).
60-minute appointment..... \$ 105.00 (includes HST)
90-minute appointment..... \$140.00 (includes HST)
- An “appointment” should not be interpreted as the length of “treatment”. An “appointment” may include assessment, treatment, billing and re-booking.
- The patient may terminate treatment at any point during the appointment, at their discretion and without reason.
- In the case of late arrivals, it should be understood that only the time remaining for your scheduled appointment will be allotted unless additional time is available.
- Payments can be made in either cheque, cash, e-transfer, debit, or credit form and a receipt will be issued following treatment. Cheques returned (NSF) will be subject to a service fee of \$25.00. Letters pertaining to legal or medical situations or summary of treatments are issued for a charge of \$45.00.
- Due to a lack of administrative staffing, reminder calls are not offered. Please be considerate and allow for 24-hours' notice if you are unable to make your appointment so that others may receive treatment in your place. Missed appointments without notice and appointments cancelled the day of the massage will be issued a full charge of the time schedule. Decreasing the length of the massage at the time of your massage is the same as cancelling part of your massage last minute and will be charge the full amount of the scheduled appointment. -- exceptions may apply.
- It is not my policy to work through WSIB claims.

Sexual Harassment Policy

We have a zero tolerance sexual harassment policy. Registered massage is intended to be a therapeutic treatment. It is not meant to be a sexual experience. Any inappropriate remarks or behaviour will result in immediate termination of the treatment.

(no need to copy and sign this page – check the appropriate box and sign the case history form)

Signature: _____ Date: _____

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Privacy Policy

I, Annette Kelsey, Registered Massage Therapist, am committed to respecting the privacy of individuals and recognize the need of people with whom I do business (patients, health care providers, third party payers, benefit plan/insurance companies) for the appropriate management and protection of any Personal Information that you agree to provide to me.

My Privacy Policy outlines the guidelines on the collection, storage, use and retention of your Personal Information as follows:

- **Collection:** My Massage Therapy practice will collect patients' personal information in order to better understand your health history and provide you with Massage Therapy Treatment. I will make all reasonable efforts to fully inform my clients about the planned use or disclosure. I will limit the collection and use of personal information to that required for valid Massage Therapy practice purposes or to comply with legislation.
- **Accuracy:** My practice will make every reasonable effort to ensure that the personal information it collects and uses is accurate and complete. Individuals providing personal information will have the opportunity to review and correct their personal information, annual written or verbal request by an individual to whom the information relates, I will modify as required
- **Storage:** I will store personal information using a hard copy and/or electronic means in such a way as to prevent unauthorized collection, access, use, disclosure, or disposal of the personal information.
- **Retention:** I will retain your personal information for a minimum of ten years after the last treatment date for each individual, or if the individual is less than 18 years of age, personal information will be stored for 10 years after the individual turns 18. I will advise in writing telephone or in person of any practice location changes and where individual personal information records will be stored.
- **Disclosure:** I will not disclose personal information unnecessarily to any third party, unless the effected individual consents.
- **Access:** I will promote an individual's/patient's right of access to personal information about themselves. I will provide access to information upon request and within a reasonable time period. I will provide access to a third party if indicated by written request by the individual/patient/

In addition to the care that I, Annette Kelsey, RMT, takes directly to protect your personal information, I would require your authorization in case of an emergency while in attendance at my Massage Therapy practice to contact your emergency contact.

In case of personal emergency for myself, I would require your authorization to allow a third party individual(s) designated by me to have authorization to access your personal information to reschedule an appointment if applicable. In addition to this, any designated third party individual(s) that in any way handle or manage Personal Information in my office have acknowledged and agreed to adhere to my Privacy Policy and procedures that support it.

If for any reason your personal information is compromised from a privacy or security aspect, I or a designated third party individual acting on behalf of my practice will inform you.

I, (no need to copy and sign this page – check the appropriate box and sign the case history form), hereby acknowledge and agree to the Privacy Policy and procedures of the Massage Therapy practice of Annette Kelsey RMT, as her Administrative Assistant/Health Information Custodian.