



## Consent Form for Massage Therapy

### Privacy and Sharing of Information:

We take your privacy very seriously and all medical records are kept confidential.

I authorize newleaf and its associated health professionals to collect my personal and medical information as documented in the intake form and assessments. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or my referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my written permission. I also consent for my treatment and health information to be shared amongst the health care practitioners at this clinic that are currently treating me.

\_\_\_\_\_ I agree

### Cancellation Policy:

As a courtesy we provide 48hrs notice to all appointments if requested. Late cancellations and no shows are difficult to and create a hole in your therapist's day as well as lost income. We require 24hrs (business days) notice. Late cancellation fees are 50% of the treatment cost (no charge if the space can be filled)

No show fees are 100% of the treatment cost.

\_\_\_\_\_ I am aware of the Cancellation policy and agree to adhere to it

### Consent to Treat and staying informed:

Your Massage Therapy session will include an assessment, treatment, reassessment and homecare instruction as needed. Your therapist will give you a quick run down of the areas they would like to target to provide you with symptomatic relief. In the case of sensitive areas (gluteal, pectoral, etc.), you will be given the opportunity to express if you are comfortable with the area being worked on. Whenever possible, your therapist will massage the area still draped (covered with a sheet) but may ask if you are comfortable with them modestly undraping the area to access the skin if necessary. You are encouraged to ask questions about your symptoms, experiences, concerns, techniques being used, expected outcomes and home care at any time.

\_\_\_\_\_ I consent to receiving massage therapy treatments and understand that I have complete control over areas worked on.

\_\_\_\_\_ I do not consent to receiving massage therapy treatment.

**Revoking Consent:**

If at any point you change your mind about an area of treatment, treatment modality, depth of pressure or form of draping, simply inform your practitioner and they will adjust accordingly. Your comfort is their first priority.

\_\_\_\_\_ I understand that I have the right to revoke previously given consent at anytime and that my request will be respected by the practitioner immediately.

**Benefits and Risks:**

As with any form of treatment, Massage Therapy offers benefits and risks. Every body is different and will responds to treatment in it's own way so it can be difficult to say what your results will be. Benefits cannot be guaranteed, and occasionally uncomfortable side effects may occur. For example, this may include tenderness after massage in the area worked, or a temporary aggravation of your symptoms. If negative effects are intense or last longer than a day or two, let your therapist know so they can adjust their approach at your next appointment.

\_\_\_\_\_ I understand that there are potential benefits and risks associated with massage therapy that my therapist may not foresee, and that changes can be made in future treatments to accommodate.

Date signed:

Printed Name:

Signature: