

**Massage Therapy Consent Form**  
Mary Houle RMT at RISE BC Wellness

**INFORMED CONSENT TO TREATMENT**

Please read the following thoroughly. If you have any questions, please do not hesitate to ask them. As part of our profession's ongoing commitment to provide quality care, it is essential that you are fully aware and understand your rights, treatment procedure and any policies. This will assist you in making informed choices in regards to massage therapy.

**USE OF APPOINTMENT TIME**

I understand that a massage therapy session includes health history questions, assessment, treatment, reassessment and home care instructions for the therapist to provide safe and effective treatments.

**YOUR RIGHTS AS A CLIENT**

- Client may refuse, modify or terminate the treatment at any time, regardless of prior consent given
- Removal of clothing to your comfort level is recommended and proper draping will be provided to assure security and privacy. Only the body part being treated will be undraped, leaving the remainder of the body fully draped at all times.
- RMT will provide sufficient information to enable the patient to make an informed decision about treatment by providing information about areas to be treated, anticipated benefits and possible negative effects of the treatment, therapeutic rationale for proposed treatment, options for draping.
- I understand that I must provide written consent for an initial or new treatment plan in accordance with the College of Massage Therapy of British Columbia (CMTBC).

**RIGHTS AS A THERAPIST**

- Therapist has the right to terminate and refuse the treatment if there is a reasonable cause(s)
- If a treatment or area being treated is contraindicated a therapist can discontinue treatment and if necessary, referrals can be made to appropriate health care providers.

**BENEFITS AND RISKS**

I understand that as with any form of therapy, massage therapy offers benefits and risks. Benefits cannot be guaranteed. Occasionally uncomfortable side effects may occur such as tenderness, or a temporary aggravation of 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 if needed.

**INFORMATION SHARING**

- All massage treatments, information and records will remain confidential by the therapist except when disclosure is required by the college of massage therapists of British Columbia (CMTBC), by law or order of the court. Written authorization will be obtained prior to communication concerning client records.

I \_\_\_\_\_ consent to the sharing of my health history and treatment information in the context of this clinic with other health care providers for the best interest of my health and treatment planning.

I \_\_\_\_\_ consent for my health care practitioners and their clinic staff to communicate with insurance companies on my behalf for billing concerning my health care treatments.

**PAYMENT POLICIES**

- Promptness is required for appointment times. In the event of lateness, the massage may be cut short. Fees will be maintained as per the schedule.
- Fees are listed below (tax included):
  - \$50.40 - 30 minutes
  - \$75.60 - 45 minutes
  - \$99.75 - 60 minutes
  - \$136.50 - 90 minutes
- **24 HR CANCELLATION POLICY.** I understand that 24 hours notice is required to reschedule or cancel all future appointments, or full charges will apply.

**I have read and fully understand all information included in this informed consent. Anything that was unclear was discussed and explained by my RMT. I acknowledge that my consent is voluntary and that I may withdraw my consent at any time. I hereby consent to be treated for massage therapy by Mary Houle RMT.**

*Patient*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Therapist*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

