

## CONSENT TO TREATMENT

Registered Massage Therapist Krystle Tulloch

I, \_\_\_\_\_ understand that massage therapy involves manipulating the soft tissues and joints of the body in order to develop, maintain, rehabilitate or improve physical function or relieve pain. It has been explained to me that during a massage treatment, only the area to be massaged will be undraped at that time, providing with the draping comfort, warmth, security and privacy as requested.

According to my condition, the therapist may request that areas such as the buttocks and abdomen be worked on. In order for the therapist to treat these areas they must ask me with verbal permission. I further understand that at any time before or during treatment the therapist will respect my communication that I not be touched in any particular region of my body or that I wish to stop or modify treatment.

The likely benefits and risks of massage therapy have been explained to me and I understand that during the course of treatment the massage therapist will continue to be open to any queries about procedure or effects as they occur.

At this clinic the massage therapists work collectively within the clinic and with other professionals in providing massage therapy to clients. Health information concerning me may therefore be communicated to other therapists within the clinic and either my medical doctor, doctor or chiropractic or insurance company. I understand that all applicable rules concerning confidentiality of my file will be upheld by the therapists and professionals who have access to the file.

I hereby consent to massage therapy and to the communication of my health information as necessary among the therapists and professionals associated with this clinic.

**OUR CANCELLATION POLICY REQUIRES 24-HOUR NOTICE OR YOU WILL BE CHARGED 100% OF THE FEE.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one:  client  parent  
 guardian  power of attorney

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