



## Informed Consent and Consent to Treatment

The information that I have given is truthful to the best of my knowledge. I understand that the information is collected and used solely for treatment purposes of any therapist at Back Be Nimble Massage & Wellness Centre, as they must be aware of all medical conditions. It's my responsibility to keep my medical history updated. From time to time I may be contacted by Back Be Nimble Massage & Wellness Centre via mail, phone or email with appointment confirmations, correspondence and clinic updates. All information is protected under the Health Information Act (HIA), Personal Information Privacy Act (PIPA), and the Personal Information and Electronics Document Act (PIPEDA).

I understand that all of the Massage Therapists (except Student Therapists completing their advanced training) at the clinic are certified 2200 hours (or equivalent), registered either with MTAA, NHPC or RMTA and are licensed through the City Of Edmonton. I understand that a Therapist does NOT diagnose, prescribe medications or perform manual manipulations and regular visits to my physician are recommended. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I also acknowledge that with any treatment there can be risks and those risks have been explained and I assume those risks. I hereby consent for my Therapist at Back Be Nimble Massage & Wellness Centre to treat me with massage therapy for the above/attached noted purposes including assessments, examinations, techniques, which may be recommended by my Therapist. I understand that my Therapist generally works on specified skin areas. I further understand that all treatment provided by Back Be Nimble Massage & Wellness Centre Therapists are of a non-sexual nature whatsoever. If at any point I am uncomfortable I will communicate this to my Therapist. It is my choice to receive massage care and may refuse treatment at any time.

Payment for services is completed at the end of the session. "No Show" of a scheduled appointment or "Late" arrival will result in a charge of the full fee for the appointment as booked (plus GST). If I need to cancel an appointment, it will be at least 24 hours prior to my start time of my scheduled appointment or a "Late Cancellation" fee may be applied in the amount of the full fee for the appointment as booked (plus GST). I understand that a scheduled appointment is time reserved for me and my Therapist is only compensated based on services performed.

I have read the above noted consent and I have had the opportunity to question the content and my therapy. By signing this form, I confirm my consent to treatment and at any time may exercise my right to withdraw but still pay the full fee (plus GST) for the treatment scheduled.

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Patient Name:

Date Signed:

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Patient Signature:

Intake Therapist: