

Hayley Higgs, RMT

Client Contract and Informed Consent

The following is a contract that you, the client are asked to sign in order to receive massage therapy. This is intended to inform you fully of your rights for treatment and your responsibilities as a client.

-You will be receiving postural analysis on your initial visits and during reassessments. This is to note any physical changes in your posture from the front, back and side of your body. You will participate in range of motion testing on your initial visit and at any time your therapist feels it is appropriate. This testing indicates any decrease in ranges of your joint movements, suggesting problems which may be preventing full movements. Your therapist may explain and perform orthopedic, reflex, muscle strength or sensation testing with you. These are designed to indicate specific conditions and problems.

Your therapist will go over the following items in your informed consent with you prior to your treatment:

-discuss your health history, specific concerns, goals of treatment, components of treatment, Swedish and non-Swedish massage techniques, hydrotherapy (use of hot and/or cold), remedial exercises and homecare, aims of specific treatment, draping protocol, clients right to change, modify, or terminate massage at any time, alternatives to massage therapy, treatment plan, side effects, understand and comprehend all information discussed. The massage therapist has the right to terminate the massage treatment at any time. This will occur if there are any health concerns, or contraindications to the massage.

-A 50% per visit charge is applicable to all missed appointments. Appointment changes without 24 hours notice may be subject to a late cancellation fee. Kindly provide at least 24 hours notice when rescheduling appointments to avoid these charges.

Your therapist is committed to providing you the client with great service and quality Massage Therapy. The protection of your personal information is very important. Your personal information will be collected responsibly and only what is necessary, your information is only shared with your written consent. Your information is stored, retained and destructed in compliance with current healthcare legislation and privacy protocols.

Your information is used for massage therapy as follows:

To deliver safe and effective client care, assess needs, health options, contacting you, booking and confirming appointments, follow-up care, billing, third party billing, adjudication and payment, to comply with regulatory requirements and the law.

By signing the consent section you agree that you have given your informed consent to the collection use and/or disclosure of information. You agree to fees and late or missed charges which apply. You agree to the informed consent of your treatment.

Client Name (Print) _____

Client Signature _____