

Clinic Policies & Informed Consent

Please read the following and check beside each paragraph if you have understood the statement:

- I acknowledge and understand that the Massage Therapist must be fully aware of my existing medical conditions. I have completed a Health History form and understand it is my responsibility to keep the Massage Therapist informed of any changes in my health.
- My Health File will be kept confidential. The clinic requires written authorization from the patient prior to any release of information unless required by law.
- I understand that I am in complete control of the Massage treatment. I have the ability to modify or discontinue the treatment at any time simply by communicating this to the Massage Therapist. I also have the right to inspect the clinic prior to treatment.
- I understand that the purpose of Massage Therapy may include any of the following: to restore and/or maintain physical functioning, prevent physical dysfunction, relieve pain or to enhance my well-being.
- I further understand that there is a potential for mild side effects with Massage Therapy, including but not limited to muscle soreness (usually lasting from 24-48 hrs), mild bruising, light-headedness, increased need for urination, and nasal congestion.
- I understand that Massage Therapists do not diagnose disease or illness, nor do they prescribe medical treatment or pharmaceuticals. It is recommended to see a primary healthcare provider for those services.
- Areas of the body to be treated will be discussed with the Massage Therapist prior to treatment. All areas of the body will remain draped with linens, except for the area currently being worked on.
- In consideration of our clients and the Massage Therapist, we ask that 24hrs notice is given if your appointment needs to be rescheduled or cancelled. While we aim to be understanding towards events beyond your control, the clinic may choose to bill you for missed appointments if less than 24hrs notice is given.
- For the convenience of our clients, ReAlign Health Clinic offers a variety of appointment dates & times to book Massage Therapy sessions. While we try to accommodate last minute requests, it is recommended to book in advance especially if a specific day/time is needed to fit your schedule.
- I am aware of the fee schedule. Fees are due at the time of treatment. Cash, Visa, MasterCard and American Express are accepted.
- I have had an opportunity to ask questions regarding the content above, and by signing below I agree to the above named procedures. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I have read the above and give consent for massage treatment/assessment.

Signature: _____

Date: _____

(if patient is a minor, parent/guardian signature)