

# Consent Form

## For your information:

An accurate health information history is important to ensure that you receive a safe massage.

## Please read the following and sign.

I understand that all information gathered for this treatment remains confidential except as required or allowed by law or to facilitate assessment or treatment. I also understand that the therapist may discuss my case with peers who are under the same confidentiality clause in order to provide the best treatment possible. No other personal information will be disclosed other than that which is directly associated with my care / treatment.

I understand that my personal contact information is used for scheduling appointments, reminder calls, treatment follow-ups, mailing newsletters, greeting cards or thank you cards and for billing purposes. I also understand that I have the right to access the privacy policy for more details, which is available upon request.

I also understand that if any third party requests my personal health information, I have the option to sign a consent of disclosure agreement before any information will be made available to them and only that to which I consent to will be made available except as required by law.

I also understand that I have the right to withdraw my consent at any time, but am not able to withdraw that consent retro-actively.

**Note: A cancellation policy is in effect.** If the need arises to cancel an appointment, please give 24 hours notice. If less than 24 hours notice is given a cancellation fee up to the value amount of the missed appointment may be administered at the discretion of Lisa Smith RMT, and / or other associates at Shaw Chiropractic & Wellness Centre.

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Name

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Date



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