



Momentum Health  
Kelowna 103-1664  
Richter Street  
Kelowna, BC V1Y  
8N3

## **UNDERAGE INFORMED CONSENT TO MASSAGE THERAPY**

THIS CLINIC MAKES EVERY EFFORT TO ENSURE THAT YOUR TREATMENT IS SAFE AND EFFECTIVE. IN PARTICULAR, YOU SHOULD NOTE:

- a) Potentially painful treatments.* Although some treatments may be painful, every effort is made to minimize the discomfort. Treatment can cease or be modified at anytime at the patient's request.
- b) Removal of clothing.* Only in the areas to be treated, is the removal of certain clothing preferred for effective treatment. It is the right of the patient to decline the removal of certain or any clothing. If the patient wishes, they have the option of bringing and wearing shorts and sports bra (for women) during their treatment.
- c) Files.* This clinic will be keeping all recorded information as part of your patient file. The collection, use and disclosure of personal information, as defined in the *Personal Information and Privacy Act*, will only be used for treatment and or any related administrative purposes. If your file is ever needed in a legal matter, your file will not be released without your prior consent.
- d) Cancellations, lateness, and "No Shows".* "No Shows" and cancellations made less than 24hrs. prior to appointment time will be billed the **full amount**. Please note that we cannot bill insurance agencies for missed appointments. For the consideration of staff and other patients, please do not be late for your appointment. In the event you are late, we may be unable to accommodate your complete treatment time.

The context of our care now includes minimizing the risk of transmission of the virus that causes COVID-19 and recognizing that there is some risk involved when patients receive massage therapy. Please recognize we are taking all possible steps to maximize your safety during this pandemic and provide you with the therapeutic treatment that meet your needs.

I acknowledge I have discussed, or have had the opportunity to discuss, with my Registered Massage Therapist the nature and purpose of massage therapy. I consent to the massage therapy treatment offered or recommended to me, by my Registered Massage Therapist. I intend this consent to apply to all my present and future massage therapy care.

Patient Full Name (please print): \_\_\_\_\_

Parent/Legal Guardian Full name (please print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_