



Better Health Clinic

Consent to Treatment, Privacy Policy, and 24 Hour Cancellation Policy

I consent to give my Massage Therapist/ Osteopath Manual Practitioner consent to the proposed treatment and physical assessment. I understand that potential side effects are not limited to but may include: muscle soreness, fatigue, or an exaggeration of symptoms. I understand that I may withdrawal my consent at any time.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential in accordance with the provincial laws and will not be released to others unless so directed by myself unless law requires it.

I understand that there is a 24 hour cancelation policy. Should I miss my appointment I am subject to pay a \$30.00 cancelation fee.

Promptness is expected for all appointments. In the event of lateness, the treatment may be cut short. Fees will be maintained per the schedule.

Name

Signature of patient or acting guardian

Date