



KATHLEEN VINCENT RMT

36 CHARING CROSS ST,
BRANTFORD, ON N3R 5J9
PHONE: 519.304.6078

WWW.KATHLEENVINCENTMASSAGETHERAPY.COM

MASSAGE THERAPY POLICIES AND CONSENT FORM

FEE SCHEDULE:

Massage, Acupuncture & Reflexology:

30 Min	\$55	75 Min	\$105
45 Min	\$70	90 Min	\$125
60 Min	\$80		

Hot Stone Massage:

30 Min	\$60
60 Min	\$90
90 Min	\$135

Indie Head Massage:

45 Min	\$75
60 Min (combo)	\$85
90 Min (combo)	\$130

Ionic Foot Detox Treatment:

Pair \$50 Single \$30

**Not an RMT Service*

**All Prices Include HST*

Payment is due at the time services are rendered. For your convenience, we accept cash, cheque, debit, Visa and MasterCard.

Please be advised that a minimum of twenty-four hours' notice to cancel an appointment is required, or you will be billed half of the appointment fee. This charge also applies if you do not show up for your scheduled appointment.

PRIVACY POLICY:

Privacy of your personal information is important to me, I am committed to treating all any disclosure of this information in a responsible way. In this consent form, we have outlined what our office is doing to ensure that:

- Only necessary information is collected about you;
- We only share your information with your consent;
- Storage, retention and destruction of your personal information complies with existing legislation, and privacy protocols;
- Our privacy protocols comply with privacy legislation, standards of our regulatory body and the law.

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information. These individuals include the clinic records personnel that contact access to your patient file, therapists, clinic administration, and when necessary authorizes individuals who may inspect our records as part of the regulatory activities in the public interest. Please do not hesitate to contact us with any questions regarding our privacy policy.

The office will collect, use and disclose information about you for the following purposes:

- To deliver safe and effective patient care
- To enable us to contact you
- For teaching and demonstrating on an anonymous basis
- To complete and submit claims on your behalf to third party payers
- To comply with legal regulatory requirements under the Massage Therapists Act and the Regulated Health Professions Act
- To process payments and collect unpaid accounts
- For research purposes

By signing the policies and consent form, you have agreed that you have reviewed and understand your financial responsibility and agree to the terms stated in this policy. You are also agreeing that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed.

I have read and understand the above policies and consent and agree to abide by these conditions. I agree to Massage Therapy Assessment and Treatment. I agree that Kathleen Vincent Massage Therapy can collect, use, and disclose my personal information as set out above in the privacy code. I also understand the purpose for disclosing this personal information so that Kathleen Vincent Massage Therapy may complete and submit claims on my behalf to third party payers. You may withdraw your consent to use or disclose your personal information, and will explain the ramifications of that decision, and the process.

(Patient Signature)

(Date)

(Witness Signature)