

online consultation informed consent



I, (Client's Name) _____ have chosen to consult with and hereby give consent for online consultation to be provided by (Therapist's name) _____ who I understand is a member of the Association of Massage Therapists Ltd (AMT).

I am aware that the therapist intends to provide an online consultation and consent to this being used as part of my ongoing treatment plan.

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that online consultation may provide benefits for certain conditions but results are not guaranteed.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I will tell the therapist about any discomfort I may experience during the online consultation and understand that the session will be adjusted accordingly.

Client Signature (or Guardian's): _____

Therapist's Signature: _____

Dated this _____ day of _____ 20____

Privacy Policy

This practice is committed to the privacy of its clients. Personal information is treated as confidential and is used only for the purpose for which it was collected.

Information kept on file will not be released to a third party without the express consent of the client or as required by law.