

CLIENT INSTRUCTIONS:

This form can be completed online.

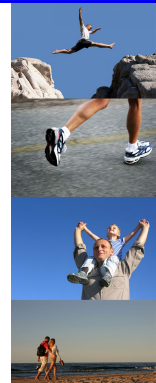
Please complete all parts of form. Print and Sign the completed form.

Fax the completed form to 613-729-2149 or deliver it to the Sports and Spinal Injury Clinic.

311-B O'Connor St
Ottawa ON K2P 2G9

Tel: 613-907-1418
Email: Bruce@KeepLifeActive.ca

Bruce Jackson, RMT
Certified ART Provider



Consent to Disclose

I hereby authorize the Sports and Spinal Injury Clinic
Client/Substitute Decision Maker Name

to disclose the following personal health information: **Complete Massage Therapy file**

to

Bruce Jackson, RMT
Momentum Massage Therapy
311-B O'Connor St, Ottawa ON K2P 2G9
FAX: 613-724-2363

from the records of

Client Name

Date of Birth

Client Mailing Address

I understand that this personal health information is to be used **only** by the recipient for the purposes of: **Continuing Massage Therapy treatments**

I agree to pay the Sports and Spinal Injury Clinic any fees related to this transfer and require that SSIC provide a quote prior to commencing work. I understand that Bruce Jackson RMT and Momentum Massage Therapy will not pay to have the file transferred.

I hereby waive any and all claims against Bruce Jackson RMT and the Sports and Spinal Injury Clinic, in connection with the disclosure of this personal health information.

Signature: _____ Name (Printed):
Client/Substitute Decision Maker *Client/Substitute Decision Maker*

Date: