

# GJ-TCM Clinic Centre

## Consent to Collect, Use, and Disclose Personal Health Information & Treatment Consent

### Part I — Traditional Chinese Medicine (TCMP) and Acupuncture Consent

I hereby consent to GJ-TCM Clinic Centre collecting, using, and disclosing my personal health information for the purpose of providing Traditional Chinese Medicine (TCM) and Acupuncture services to me, and for the related purposes set out in the Clinic's written Privacy Statement.

#### Personal Health Information Collected May Include:

- My birth date and contact information
- My health history and family health history
- My current health status
- The health care I receive (including identifying my health care provider(s))
- The identification of my substitute decision-maker, if applicable
- Insurance or billing information related to health care

#### Use and Disclosure of Information:

I understand that my personal health information may be collected, used, or disclosed for the following purposes:

- To provide me with Traditional Chinese Medicine or Acupuncture services
- To obtain payment for services provided
- To assist insurance companies in verifying insurance claims
- To consult with other professionals about potential treatment options
- To provide or coordinate health care in emergency situations
- To fulfill any obligations mandated by law

I understand that there may be situations in which practitioners at GJ-TCM Clinic Centre must collect, use, or disclose my information without my consent, but they will only do so if permitted or required by law.

#### Patient Access to Information:

I understand that my personal health information is available to me for review, except in limited circumstances permitted by law. I may request corrections to my records if I believe there is an error, subject to certain legal exceptions.

#### Acknowledgment:

I authorize GJ-TCM Clinic Centre to collect, use, and disclose my personal health information as outlined above. I understand that:

- I may access my personal health information, with limited exceptions.
- I am not required to sign this form and may withdraw my consent at any time by contacting the clinic.
- Withdrawing consent may affect the services I receive.
- My personal health information may still be collected, used, or disclosed if permitted by law.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Practitioner Signature:

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Date:

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## Part II — Registered Massage Therapy (RMT) Consent

I voluntarily request and consent to receive Massage Therapy at GJ-TCM Clinic Centre. I understand that massage therapy is intended for general wellness, stress reduction, and relief of muscular tension only. I have disclosed all relevant health conditions, medications, and medical history to my therapist.

If I experience any pain or discomfort during the session, I will immediately inform my therapist so that pressure or techniques can be adjusted. I will not hold my massage therapist responsible for any pain or discomfort experienced during or after the session.

### Risks of Massage Therapy May Include:

- Superficial bruising
- Short-term muscle soreness
- Exacerbation of undiscovered injury

### Health Declaration:

- I have not tested positive for coronavirus within the past 14 days and have no symptoms.
- I do not have any contagious conditions that may put my massage therapist or others at risk.
- I understand that either I or my therapist may terminate the session at any time.

I acknowledge that massage therapy is not a substitute for medical examination or treatment. Massage therapists do not diagnose illness or disease, and nothing said during the session should be construed as such. I have been given the opportunity to ask questions and have received satisfactory answers.

By signing below, I give my informed and voluntary consent to proceed with massage therapy as outlined above.

Client Name:

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Client Signature:

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Date:

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Massage Therapist Name:

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Therapist Signature:

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Date:

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