

Consent for Assessment and Treatment of Sensitive Areas

In response to Ontario's Protecting Patients Act, 2017, the College of Massage Therapists of Ontario (CMTO) recently introduced new requirements for Massage Therapists ("MTs" or "RMTs"). The new requirements strengthen your involvement as a client in the consent process when treatment includes sensitive areas by requiring written consent, via the 'Consent for Assessment and Treatment of Sensitive Areas' form, prior to treatment.

I, _____ (name), have requested assessment and/or treatment by this Registered Massage Therapist (RMT) _____ (name) for treatment of the clinically relevant areas indicated below (please initial):

_____ Buttocks (gluteal muscles)

_____ Chest Wall Muscles

_____ Upper Inner Thigh(s)

_____ Breast (s)

The RMT has explained the following to me and I fully understand the proposed assessment and/or treatment:

- The nature of the assessment, including the clinical reason(s) for assessment of the above area(s) and the draping methods to be used
- The expected benefits of the assessment
- The potential risks of the assessment
- The potential side effects of the assessment
- That consent is voluntary
- That I can withdraw or alter my consent at any time.

I voluntarily give my informed consent for the assessment and/or treatment as discussed and outlined above.

Client Name (print): _____

Client Signature: _____ Date: _____

Ongoing Treatment:

I am aware that the treatment of the above indicated area(s) is part of a treatment plan which has been discussed with me by my RMT. I confirm that, on the following date(s), the RMT has reviewed the treatment plan and I provide my informed consent.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____