

## **Do existing patients from prior to January 15, 2019 need to sign a consent form?**

No. Until the introduction of the **Consent Standard of Practice** which came into effect on January 15, 2019, verbal or written consent to delivery of massage therapy was acceptable.

Under the Consent Standard of Practice, written consent — obtained through a signature on a consent form — is only required at a new patient's initial treatment.

Any subsequent consent may be obtained verbally and must be documented by the RMT in the patient's record.

If an RMT has treated a patient prior to January 15, 2019, that patient is not a new patient and the RMT does not have to request that the patient sign a consent form. However, if the treatment approach changes or if the patient's clinical presentation changes and requires a change in direction of treatment, verbal consent must be sought and recorded by the RMT in the patient's health record. Patients must be advised that consent can be withdrawn at any time, and a new treatment approach can be negotiated as needed.

## **Do RMTs need to create a new template consent form?**

Not necessarily. The **Consent Standard of Practice** states that a consent form describes the treatment to be provided by the RMT, and should be signed by the patient either with a physical signature or an electronic indication of consent. It does not necessarily require RMTs to create a new template consent form. In most cases, the consent form that an RMT was using prior to the introduction of the Consent Standard of Practice in January 2019 will continue to be acceptable.

CCHPBC advises registrants that a consent form should include a description of the general framework of a massage therapy treatment (intake, treatment plan, assessment, treatment involving manual, hands-on manipulation and mobilization, and home care). RMTs can consider referring to the scope of practice statement for massage therapy, contained in the [Massage Therapists Regulation](#).

## **Does CCHPBC have a sample consent form available?**

No, CCHPBC does not make sample consent forms available. This is because there are many variations of forms that may be acceptable, and as a

regulatory body, the College does not want to be prescriptive and suggest that there is only one type of form that is acceptable, particularly because RMTs have varied practices with different areas of focus or different preferred population groups.

**Can a new patient sign the consent form before arriving at the initial appointment?**

No. A signature by the patient on a consent form does not meet CCHPBC's requirements unless the RMT has discussed the form with the patient and provided the patient with an opportunity to ask questions.

**If an RMT sees the same patient at two clinics, is a consent form required in each clinic?**

No. One signed consent form is adequate. It confirms consent between the patient and the RMT and can be accessed when needed.

**Does an RMT need to renew consent from a patient at each subsequent treatment?**

No. A patient's written consent must be obtained at the patient's initial appointment, in accordance with the standard of practice on consent.

The standard requires that an RMT renews consent at a subsequent treatment if necessary. An RMT must renew consent when the treatment approach changes for any reason, and the RMT revises the treatment plan or creates a new one.

**Does it matter where the consent agreement is stored, for an RMT who provides mobile service as well as clinic-based practice?**

No. A signed consent form can be stored where the RMT can access it when needed. Remember, the RMT must offer to provide a copy of the signed form to the patient.

**How should a patient's verbal consent be documented in the patient record?**

As set out in the application to practice section of the **Consent Standard of Practice**, documentation of verbal consent should include:

- confirmation that criteria for valid consent were met;
- when and how consent was obtained;

- concerns raised during the consent process, and actions taken to address concerns;
- reason for refusal or withdrawal from massage therapy services; and
- reasons for determining that a patient was not capable of making an informed decision, and action taken to identify a parent/guardian or substitute decision-maker.

When documenting verbal consent in the patient record, the entry should also outline that an RMT has provided sufficient information to enable the patient to make an informed decision about treatment, as required by the consent standard and by provincial legislation.

**A clinic has a signed consent form for a patient who will receive treatment from other RMTs during her regular therapist’s maternity leave. Are new consent forms required?**

If the RMT has effectively transferred care to a new RMT (or several), and the new RMT has a different clinical framework from the patient’s previous RMT, it is appropriate to get a new signed consent form and provide an opportunity for the patient to ask questions about the new RMT’s practice model.

If the clinical framework of the new RMT is essentially the same as the patient’s previous RMT, it is acceptable to obtain appropriate verbal consent as necessary.

Summary of relevant BC legislation

The following is a summary of the relevant legislation: the [\*Health Care \(Consent\) and Care Facility \(Admission\) Act \(the "Consent Act"\)\*](#) and the [\*Infants Act\*](#). It is a summary intended to assist RMTs with their obligation to understand and follow the legal requirements set out in the *Consent Act* and the *Infants Act*, as required by the College’s Standard of Practice on Consent.

(Note: It is a summary only and cannot be relied on as legal advice.)

**Consent Act**

The [\*Consent Act\*](#) applies only to adults, defined as individuals who are 19 years of age or older. There are different requirements for individuals under the age of 19 years, described under the heading *Infants Act* below.

Patients' rights over their own person, and their rights not to have their person interfered with, are considered so important that the RMT must be able to prove that the patient provided consent. Consent can be withdrawn at any time, and the decision must be respected.

Under the *Consent Act*, the RMT must obtain consent directly from the patient. There are a few exceptions, including:

1. when an RMT has decided that a patient is incapable of providing consent, and consent is provided by a substitute decision-maker;
2. when there is an urgent or emergency health care situation; and
3. when a patient is thought by others to be incapable, and a spouse or relative of the patient gives substitute consent.

Under the *Consent Act*, valid consent is obtained only if all of the following elements are present:

1. Consent relates to the proposed massage therapy;
2. Consent is given voluntarily;
3. Consent is not obtained through misrepresentation or by fraud;
4. The patient is capable of making a decision about whether to receive or refuse the proposed health care;
5. The health care provider informs the patient by providing all information that a reasonable person would require to understand the proposed treatment and to make a decision, including information about:
  1. the condition or impairment for which massage therapy is proposed,
  2. the nature of the proposed treatment (for example, what techniques or modalities the RMT proposes to use, what do these techniques involve, and how they address the patient's condition),
  3. the risks and benefits of the proposed treatment that a reasonable person would expect to be told about,
  4. alternatives to the proposed treatment approach, including appropriate alternatives available from other professions; and
6. The patient has an opportunity to ask questions and receive answers about the proposed treatment.

Point 5, above, refers to the concept of a "reasonable person". What information would a reasonable person need in order to provide informed consent about proposed treatment? The scope of information that must be given varies with each situation. RMTs should make reasonable efforts to find out about the patient's concerns and personal circumstances that might

be relevant to the patient's information needs, and present information in a manner that is unique to the patient's circumstances.

## **Infants Act**

The **Infants Act** sets out different requirements for obtaining consent from an "infant" or minor, legally defined as an individual under the age of 19 years.

While the *Infants Act* uses the term "infant" to describe all minors, it provides rules to determine who qualifies as "mature" minors and who is entitled to give consent to their own health care.

Mature minors can consent to their own treatment on the condition that the RMT providing treatment has:

1. explained the nature, consequences, and reasonably foreseeable benefits and risks of massage therapy,
2. been satisfied the patient understands these benefits and risks; and
3. made reasonable efforts to determine that massage therapy and a proposed treatment plan is in the patient's best interests.

If one or more of these conditions has not been met, the patient is not a mature minor and cannot consent to the patient's own treatment. There is no set age at which infants can consent to their own health care.

Note: If a mature minor is capable of providing consent, his or her medical information must be kept confidential under the **Personal Information Protection Act (PIPA)** and cannot be disclosed to anyone, including parents or legal guardians, unless the patient consents to disclosure, or disclosure is allowed under PIPA.