



Massage Therapy Association of Manitoba, Inc. Authorization for Release of Information

I understand my signature to this release will allow the Massage Therapy Association of Manitoba (MTAM) to:

- Obtain medical records or other information relevant to the complaint
- Provide a copy of the letter of complaint including the name of the complainant to the Massage Therapist named
- Provide a copy of any other information gathered in relation to the complaint to the Massage Therapist named
- Allow any other authority that holds medical records relevant to my complaint to release such records to the Massage Therapy Association of Manitoba in order to allow the committees to respond
- Allow members of the relevant committees and the Board of Directors to review all documentation

Patient Information:

Printed Name: _____
First Name *Last Name*

Mailing Address: _____

City, Province: _____ Postal Code: _____

Date of Birth: _____ Telephone (Home): _____

Signature of Authorization to release records: _____

Complainant Information (if different from patient)

Printed Name: _____
First Name *Last Name*

Mailing Address: _____

City, Province: _____ Postal Code: _____

Date of Birth: _____ Telephone (Home): _____

Relationship to Patient: _____

Signature of Authorization to release records: _____

The Massage Therapy Association of Manitoba does not investigate anonymous complaints or those which pertain to alleged criminal acts. In order for a third party (i.e., someone other than the patient(s) to receive specific information regarding a complaint (e.g., Massage Therapist's reply to the submission), MTAM requires documentation relevant to Power of Attorney, legal guardianship or Executor of the Estate.