Massage Therapist Association of Alberta
Patient Authorization Form

Authorization for Release of Patient Information:

By signing this document, I confirm that the Massage Therapist Association of Alberta (MTAA) has the ability to:

- Obtain medical records or other information relevant to the complaint filed.
- Provide a copy of the letter of complaint to the MTAA Member.
- Allow any other authority that holds medical records and documentation relevant to the complaint to release such records to the MTAA for their investigation.
- Allow members of the Complaints Committee, Discipline Committee and Board of Directors to review all documentation.

Patient Information:

Patient Name: _____
First Name Last Name

Mailing Address: _____

City, Province: _____ Postal Code: _____

Date of Birth: _____ Telephone (Primary): _____

Signature of Authorization to release records: _____

Guardian Information (Only required if submitting on behalf of a minor)

Guardian Name: _____
First Name Last Name

Mailing Address: _____

City, Province: _____ Postal Code: _____

Telephone (Primary): _____ Relationship to Minor: _____

Signature of Authorization to release records: _____

The Massage Therapist Association of Alberta investigates all complaints filed against members of our association. 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), the MTAA requires documentation relevant to Power of Attorney, legal guardianship or Executor of the Estate before these can be released.