



Massage Therapist Association of Alberta Authorization for Release

Authorization for Release of Information:

I understand my signature to this release will allow the Massage Therapist Association of Alberta (MTAA) to:

- Obtain medical records or other information relevant to the complaint
- Provide a copy of the letter of complaint 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 Therapist Association of Alberta in order to allow the committees to respond
- Allow members of the Complaints Committee, Discipline Committee and 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 Therapist Association of Alberta investigates all complaints. 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 require documentation relevant to Power of Attorney, legal guardianship or Executor of the Estate.