



Client Rights & Privacy Policy

Policy #:	MT-CRP-006
Effective Date:	September 16, 2026
Approved by:	Administrative Team
Last Revision:	September 16, 2026
Next Review:	September 16, 2027

1. Purpose

This policy sets out the rights of clients receiving treatment at the Suncare Clinic, how their personal health information is protected, and how clients may request access to their own clinic records. It applies to every client receiving services at the clinic, whether through a scheduled appointment or a community outreach event.

2. Client Rights

As a client of the Suncare Clinic, you have the right to:

- Dignity & Respect — be treated with respect, cultural sensitivity, and professional courtesy at all times.
- Full Transparency of Student Status — be clearly informed that your therapist is a student, not yet a Registered Massage Therapist (RMT), and is practicing under faculty supervision.
- Gender, Culture, Religion, or Personal Comfort --- request a treatment provider matching your gender, cultural background, religious beliefs, or other personal comfort considerations. The clinic will try to accommodate this based on the availability of a suitable practitioner, though accommodation is not guaranteed and may affect appointment availability or wait time.
- Requests to pre-book a specific named student therapist cannot be accommodated; student assignment is based on clinic scheduling and availability. This does not affect a client's separate right, at any point during a session, to decline a technique, stop treatment altogether, or request that a different student complete the remainder of the appointment.
- Informed Consent — receive a clear explanation of your treatment plan, techniques, benefits, and risks before treatment begins, and to decline any technique or stop a session at any time without penalty.
- Privacy & Modesty — complete privacy during disrobing and dressing, and secure, professional draping throughout your session.
- Sensitive-Area Treatment Rights — You have the absolute right to be informed prior to any assessment or treatment of sensitive areas (chest wall musculature, breast, upper inner thigh, buttocks, or abdomen). These areas will never be treated without a clear clinical rationale and your separate, explicit written/electronic consent.
- Right to Request Correction — You have the right to request a correction or amendment to your health record if you believe the information is inaccurate or



incomplete. Requests must be made in writing to the Clinic Coordinator. If a correction is refused, you have the right to attach a concise Statement of Disagreement to your permanent file.

- For each proposed assessment or treatment of the upper inner thighs, chest wall muscles, breasts, or gluteal muscles, the student and supervisor must obtain and document separate written informed consent before proceeding. Consent may be withdrawn at any time. Abdominal work also requires informed consent, but is not listed by CMTO as a sensitive area requiring the same written consent.
- You may ask who is present during your appointment. The supervising RMT may enter and remain in the treatment room during the session when needed for supervision, assessment, or client safety, while respecting your privacy and explaining their presence.

3. Confidentiality of Your Information

All personal health information collected about you — including intake forms, health history, treatment notes, and consent forms — is confidential and protected under the Personal Health Information Protection Act (PHIPA). Your information is only accessed by clinic staff and students directly involved in your care, and is never shared with unauthorized individuals or discussed outside the clinical setting.

- **Custody & Security Controls:** All client records (both electronic in JaneApp and paper records) are the property of OCOT and are retained under strict administrative, physical, and technical safeguards. Student therapists and clinic staff are strictly prohibited from copying records to personal devices or removing client documentation/SOAP notes from the clinic premises.
- **Limits to Confidentiality:** Your records will only be disclosed outside your supervisory circle of care with your written consent, or where required or permitted by law (such as mandatory reporting of child abuse, imminent danger of self-harm or harm to others, or under a lawful court subpoena).
- **Privacy Breach Notification:** In the unlikely event that your personal health information is lost, stolen, or accessed by an unauthorized individual, the clinic will notify you at the first reasonable opportunity and outline the remedial actions taken.
- The clinic limits access to authorized users for their duties, maintains secure storage and access controls, and follows its documented procedures for breach response, record retention, secure destruction, back-up, and recovery. A privacy complaint may also be made to Ontario's Information and Privacy Commissioner.

4. Access to Your Records

You have the right to request access to, or a copy of, your own clinic records. To do so:

- **How to Request:** Submit your request in writing (by email or in person) to the Clinic Coordinator.
- **Identity Verification:** You will be asked to verify your identity before any record is released, to protect your information from unauthorized access.
- **Response Timeline:** The clinic will respond to your request within 30 calendar days.



- **Fees:** A fee, if any, will be limited to reasonable cost recovery as permitted by PHIPA. You will receive a fee estimate before any charge is applied and may ask the clinic to waive all or part of the fee.
- **Where PHIPA permits an extension or a refusal,** the clinic will provide the required written notice and explain the available review process. Correction requests will also receive a response within the applicable statutory time frame.
- **How Long We Keep Your Records:** Your clinical treatment records are retained for 10 years from the date of your last treatment (or, if you were a minor at the time of treatment, for 10 years after you turn 18).
- **Third-Party Information:** If your record contains information about another individual, that portion may be withheld or removed to protect their privacy.
- **If Access Is Declined:** In limited circumstances (for example, an ongoing legal matter), your request may be declined in whole or in part. If this happens, you will be told in writing why, and informed of your right to ask the Information and Privacy Commissioner of Ontario (IPC) to review that decision.

5. Questions, Concerns, or Complaints

If you have a question about your rights, your privacy, or how your records are handled, or if you wish to raise a concern about your care, you may speak with the Clinic Supervisor on duty or submit a written complaint to the Clinic Coordinator. Complaints are handled under the Suncare Clinic Client Complaint Policy and Procedures (Policy # MT-CLIN-005).

For privacy-specific inquiries, access requests, or to contact our Health Information Custodian

Health Information Custodian

Email: complaints@octech.ca | Phone: (416) 466-3427

Address: 2450 Victoria Park Ave., Toronto, ON M2J 4A2

6. Acknowledgment

By signing below, I confirm that I have read and understood this Client Rights & Privacy Policy, including my right to request access to my own clinic records.

Client Name: _____

Client Signature: _____

Date: _____