

To: Members of the *Fédération québécoise des massothérapeutes (FQM)*

Subject: Protection of personal information

Dear Madam or Sir,

As part of your FQM membership, we ask for your consent to help us promote public protection, which is our primary mission.

Indeed we make every effort to enable our members to benefit from the FQM's credibility, expertise and preferred network. In view of this, the FQM receives occasional requests from organisations aiming to improve the quality of services provided by our members and to enhance public protection. These organisations want to collaborate with the FQM in the pursuit of its mission.

We therefore request your consent to allow us to disclose your personal information (name, first name, address, fax number and e-mail address) in order to facilitate our mission, which is, once again, to insure service quality and public protection. The FQM is committed to use and disclose your personal information in a responsible manner. We want to emphasize that your consent may be withdrawn at any time upon written notice to the FQM.



CONSENT FORM PROTECTION OF PERSONAL INFORMATION

The *Fédération québécoise des massothérapeutes* (FQM) commits to protect the privacy of its members and to insure the confidentiality, accuracy and security of all personal information that may be collected, used, retained or disclosed in conducting its professional activities.

The FQM will collect, use and disclose your personal information as part of the management of its professional activities and of the overseeing of your practice as a massage therapist. Access to your personal information is restricted to the staff members of the FQM's various bodies, or to authorized persons who require it to perform their duties, to persons to whom you have granted access, to the FQM's external service providers and suppliers, and to persons authorized by law.

Our commitment to ensure the protection of your personal information also applies to the contracts and agreements we sign with our external service providers and suppliers.

If you have any question regarding the collection, use and disclosure of your personal information, please contact the FQM's Member Service.

MEMBER'S CONSENT

I have read and understood the section called *Form of Consent – Protection of Personal Information*, and hereby authorize the collection, use and disclosure of my personal information for the purposes set out above.

Member _____ Member N° _____
(Family name and first name)

Signature _____ Date _____