



CONSENT FORM

In accordance with Federal Governments Personal Information protection and Electronic Documents Act (PIPEDA), We need your informed consent to provide assessment and treatment services we provide, the cost involved and what we may do with your personal information.

CONSENT TO ASSESSMENT & TREATMENT:

I agree to participate in assessments and treatments given by the physiotherapist and the physiotherapy support personnel. I understand that the assessment and treatment services I undergo may be administered by the treating provider and by the support staff under the supervision of the treating provider. I acknowledge that my treatment provider has given me information that is pertinent to my assessment and treatment, including the possible risks and side effects of the proposed treatment.

CONSENT FOR THE COST OF OUR SERVICES:

I agree that I have been informed of the costs of the treatment and the treatment/services provided to me. I understand South Coast Physio Plus may under some circumstances bill these services to my insurance company or a third party responsible for the payment and that I am responsible for paying in full the balance of any amount not thus covered .I also Understand that I will be billed for all the services rendered that may not be covered at all by the insurance company.

CONSENT TO COLLECT AND DISCLOSE INFORMATION:

- CCTV monitoring is in progress at the front desk and hallways for your safety and security and our our patients record safety too (not in the treatment rooms).The videos can't be released without your consent.
- Personal information that South Coast Physio Plus collect,retain,use and disclose may include without limitations, your age, contact information, occupational information, personal health information, medical history and other information deemed necessary to fulfill the following purposes:
- To provide assessment and treatment services & to provide/obtain to/ from Third Party Payers, Physicians and Legal Counsel with progress reports, assessment findings, diagnostic tests/ medical investigations, resulting from the services provided to you or in order to optimize the treatment to be provided to you.
- To contact you about services you have received or services we're offering. This may include (without limitations); follow-up calls or emails, appointment reminders, newsletters, notice of promotions and special events.
- We do sell certain physiotherapy related products (if you require) for a reasonable profit for the convenience of our clients. (Please ask if any questions)
- My consent is voluntary and I intend this consent form to cover the entire course of assessment/treatment for my present condition, commencing on the date indicated below.

Patient Name:

Signature:

Date:
