

## **Consent**

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Protecting your privacy and personal information is an important part of Whitby Physiotherapy & Wellness's policies and procedures. We strive to provide quality care and we collect, use, disclose, retain and dispose of your personal information in compliance with federal and provincial privacy legislation and applicable college regulations. We will try to be as open and transparent as possible about the way we handle your personal information.

Whitby Physiotherapy & Wellness is a multidisciplinary healthcare provider where the practitioners work together to provide you with complete healthcare. All staff members who come in contact with your personal information have signed a confidentiality form and are aware of the sensitive nature of the information that you have disclosed to us.

### **How our Clinic Uses and Discloses Patients' Personal Information**

Whitby Physiotherapy & Wellness understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined how Whitby Physiotherapy & Wellness uses and discloses your information. Whitby Physiotherapy & Wellness will collect, use and disclose information about you for the following purposes:

- To assess your health concerns, advise you of options and provide healthcare
- To establish and maintain contact with you
- To communicate with other healthcare providers, including your family doctor or referring physician
- To collect unpaid accounts and process credit card payments
- To comply with the law
- To complete claims for insurance purposes
- To invoice for goods and services

### **Treatment**

I hereby give my consent to undergo therapy. Where appropriate, my treatment may include manual therapy, modalities (e.g. heat, ice wax, ultrasound, interferential current (IFC), electrical muscle stimulation, TENS, mechanical traction or acupuncture) and active exercise. I understand the results are not guaranteed and that I may withdraw this consent at any time. If deemed appropriate by my therapist, I agree to have a student or support personnel carry out my treatment plan.

### **Medical**

I give permission for my physicians, doctors and therapists, insurance company, WSIB/WCB, employer, lawyer or rehabilitation counselor to discuss any medical information pertinent to this claim or injury. This permission is in effect for up to six months or as long as case is open.

### **Payment of Accounts**

I understand that payment is my full responsibility, whether Whitby Physiotherapy & Wellness does direct billing or the insurance pays a certain percentage. I agree that I will pay for anything that is not covered by the insurance company, in a timely manner. I also agree that any monies sent to me by the insurance for services rendered that I have not paid in full, will be brought in and paid directly by me to Whitby Physiotherapy & Wellness.

By signing the consent section of this form, I have agreed and given my consent to collection, use and/or disclosure of your personal information as outlined above.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_