



## PHYSIOTHERAPY CONSENT FORM

### CONSENT TO TREAT AND CONSENT TO COLLECT AND DISCLOSE INFORMATION:

In accordance with the Federal Government's Personal Information Protection and Electronic Documents Act (PIPEDA) effective January 1, 2004, ReAlign Health needs your informed consent to provide assessment and treatment services to you and to collect and use your personal information. We want you to understand the services we provide, the cost involved, and what we may do with your personal information.

#### 1. CONSENT TO TREATMENT:

I agree to participate in assessments and treatments given by the physiotherapist and the support personal. 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.

Initial: \_\_\_\_\_

#### 2. CONSENT FOR THE COST OF OUR SERVICES:

I agree that I have been informed of the costs of the assessment and the treatments/services provided to me. I understand ReAlign Health 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. Fees per service unit (15 mins) \$30.00

Initial: \_\_\_\_\_

#### 3. CONSENT TO COLLECT AND DISCLOSE INFORMATION:

Personal information that ReAlign Health collects, retain, use and disclose may include without limitation, your age, contact information, occupational information, personal health information, medical history and other information deemed necessary to fulfill the following purposes:

1. To provide assessment and treatment services.

