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Consent Form

NOTE TO CLIENT: We want your informed consent. This means that we want you to understand the services we will provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR ASSESSMENT AND TREATMENT

I consent to the assessment and subsequent treatment as determined to be appropriate by my physiotherapist or massage therapist. I understand that I can ask questions regarding my treatment at any time, and it is my responsibility to participate fully to the best of my ability and to seek clarification when needed. I understand that consent can be withdrawn at any time and I have the right to ask for any clarification regarding any proposed/contemplated treatment (eg. risks and benefits, duration, timeline).

CONSENT FOR THE COST OF OUR SERVICES

I guarantee full payment for all goods and services rendered. I prefer the following option:

☐

I prefer to pay each visit

☐

I authorize you to bill my credit card (please complete credit card authorization form)

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with physiotherapy or massage therapy goods and services, Uxbridge Physiotherapy will collect some personal information about me (e.g., telephone numbers, address, occupation, etc). This is to better assess my treatment needs, to facilitate invoicing, etc.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to the above commitments.

I am aware that Uxbridge Physiotherapy has a written Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction. I understand that I may ask to read a copy of Uxbridge Physiotherapy's Privacy Policy at any time.

I agree to Uxbridge Physiotherapy collecting, using and disclosing personal information about me as set out above and in Uxbridge Physiotherapy's Privacy Policy.

CONSENT TO USE EMAIL ADDRESS

I give my consent for Uxbridge Physiotherapy to use my email address (listed on CLIENT PROFILE) to notify me occasionally of updates and changes to clinic practices:

☐

YES

☐

NO

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____