



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **INFORMED CONSENT**

We are requesting your informed consent, as such, we are requesting confirmation that you understand the services that we are proposing to provide you with, risks involved with treatment and exercise participation, cost for treatment, and how we use your personal information. To enable you to provide informed consent, we have included information below, additionally, please do not hesitate to contact our staff at Kinetic Physiotherapy should you have any questions or concerns. Please read the information provided and initial where indicated if you consent/agree with the statements.

### ***Consent for Physiotherapy Treatment:***

I confirm that the information I provide about my demographic and health history is correct. I understand and am informed that there are risks to treatment, including but not limited to soreness, and increased discomfort. I do not expect the therapist to be able to anticipate and explain all possible risks and complications, and I wish to rely on the therapist's judgment during the course of the procedure which he/she feels at that time, based upon the facts then known, is in my best interest. I understand that there are potential risks associated with participation in an exercise program, and I confirm that I have been cleared by my doctor to participate in an exercise program that will create physical exertion. By requesting physiotherapy treatment, I assume all such risks. I request and consent to receiving physiotherapy evaluation and treatment provided by a registered physiotherapist at Kinetic Physiotherapy and/or trained personnel under their supervision.

\_\_\_\_\_ ***(Initial here)***

I understand that Kinetic Physiotherapy is a teaching facility for McMaster University Physiotherapy students. I give my consent for students to participate actively in my initial assessment and treatment.

\_\_\_\_\_ ***(Initial here)***

### ***Consent to obtain and share personal information:***

I have reviewed Kinetic Physiotherapy's privacy policy about the collection, use and disclosure of personal information, and understand the steps taken to protect my personal information. I understand that Kinetic Physiotherapy will obtain my personal information as is necessary to provide me with their services. I understand how the privacy policy applies to me, and have been given the opportunity to clarify any questions I may have. I give my consent for any authorized representative of Kinetic Physiotherapy to obtain copies of my medical records concerning any injury or illness related to my condition being treated, and to discuss and provide reports to my family physician, specialist, and/or surgeon if necessary. I consent to allowing Kinetic Physiotherapy and its practitioners, to discuss personal information collected during my evaluation and ongoing treatment, my progress, any changes in my condition or presentation, and the proposed treatment plan with referring practitioners, other allied health care professionals, and fitness professionals if needed in order to coordinate care and optimize my treatment outcome.

\_\_\_\_\_ ***(Initial here)***

***Consent for payments and cancellations/lateness policy:***

Payments are my responsibility, and I will be billed at each visit by cash, cheque, interact, or credit card. I understand that I am financially responsible to Kinetic Physiotherapy for all charges. I understand that Kinetic Physiotherapy requires 24 hours notice of any cancellations. Any appointments cancelled less than 24 hours in advance will result in a cancellation fee; such fees are not coverable by private insurance. The cost for a missed physiotherapy appointment will be \$35.00. I understand that in the event that I am late for an appointment, my treatment time will be reduced accordingly, and the full treatment charge will apply.

\_\_\_\_\_ ***(Initial here)***

I \_\_\_\_\_ *(print name)* have reviewed the above two (2)-page consent, understand the included content, and have had an opportunity to ask questions that I may have. By signing below, I agree to the information included in this consent. I intend this consent form to cover the entire course of treatment for my present condition and for any further condition(s) for which I seek care from Kinetic Physiotherapy. A photocopy of this consent may be accepted with the same authority as the original.

\_\_\_\_\_ ***(Please sign)*** \_\_\_\_\_ ***(Date)***

\_\_\_\_\_ ***(Witness signature)*** \_\_\_\_\_ ***(Date)***