

Informed Consent – Mariposa Physiotherapy & Rehabilitation



Please initial each statement and fill in the blanks to signify that you have read, understand, & had all your questions answered sufficiently, then sign the bottom & submit:

_____ I agree that I am attending Mariposa Physiotherapy & Rehabilitation to receive a physiotherapy assessment/treatment. I understand that part or all the assessment/treatment may take place on a secure teleconference platform due to social restrictions during the COVID-19 pandemic and/or other personal restrictions from attending the clinic such as distance or ability to travel. I understand that the Physiotherapist (PT) will conduct an individualized assessment which may include asking me questions and doing a virtual physical and movement exam of the external muscular, vascular and nervous system. The PT will explain their findings, discuss treatment goals and explain all aspects of care, and I am to ask questions for clarification purposes when needed. I understand I can stop assessment/treatment at any time and all aspects of physiotherapy care are optional for me.

_____ I have read fully and understood the attached Privacy Policy from Mariposa Physiotherapy & Rehabilitation 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 (705-327-0008)

_____ I consent to the collection of my personal information (verbal or written) as requested by Mariposa Physiotherapy & Rehabilitation and understand that this information is primarily used to guide my assessment, treatment plan and follow-up care, amongst other things, as outlined by the Privacy Policy provided

_____ We require **24 hours notice** to cancel or change an appointment. We do our best to accommodate your schedule and respect your time, and we trust this respect is mutual. If you need to cancel an appointment **with less than 24 hours notice** for any other reason other than unforeseen illness/death in family, there will be a **cancellation fee of \$25.00**.

_____ I understand that the assessment fee is \$90-120 dependent on time frame booked and each follow-up visit is \$60-90 (based on time frame booked). I understand that I am responsible for the payment of any fee/surcharge after each treatment by cash, cheque, e-transfer, debit, or visa/mastercard.

_____ I consent to work with Tracy McLaughlin Administrator, who is responsible for bookings, payments and use of 3rd party insurance, as well as the delivery of any information passed on by your therapist (i.e. education or exercise sheets).

_____ I consent to have email communication sent to me regarding treatment, exercise or appointment questions from my treating physiotherapist (**no** marketing materials). Industry standard privacy precautions are used, but I understand that the use of email may pose a risk to my confidentiality and I accept these risks. **My email address for communication is:** _____

_____ I consent to have Mariposa Physiotherapy & Rehabilitation send copies or give verbal reports of my Assessment, Treatment plan, Interim Reports, Discharge Plan, and Follow-up Reports as applicable to the following individuals/organizations, and I further consent to the disclosure and collection of such personal information to/from:

MY MEDICAL/REHAB. TEAM: *Name each provider you wish us to communicate with: Doctor, Surgeon, Alternate Therapist, WSIB, Employer (We cannot proceed with a claim for you unless written consent here to speak with WSIB, Employer and/or Insurance Co.)*

In the event that I wish to withdraw my consent, I understand that it is my responsibility to inform Mariposa Physiotherapy & Rehabilitation in writing. Mariposa Physiotherapy & Rehabilitation will then inform me whether and how such withdrawal will affect the service being provided to me. I fully understand the above consent statements and am entering into them voluntarily, as certified by my signature typed twice below:

Client Name: _____ **Client Signature:** _____

Date: _____ **Phone number:** _____

Emergency Contact Name: _____ **Phone Number:** _____ **Relationship:** _____

****Please note that a photocopy of this consent form will have the same authority as the original. The original form is not to be removed from the client's file at Mariposa Physiotherapy & Rehabilitation. By submitting this form electronically with your personal information and typing your name twice is your signed consent****

Once you have filled out this form please save it to your computer then email it, along with your other relevant filled out forms, to info@mariposaphysio.ca