

## INFORMED CONSENT

We require your informed consent. This means that we want you to understand the services we provide to you, the cost involved, and what becomes of the personal information we collect. If you have any additional questions after reading this, please ask!

### Consent For Treatment

Modalities are sometimes used in physical therapy (i.e: ultrasound). Your physical therapist will explain which ones will be used during your treatment, discuss treatment alternatives and goals of treatment with you. During your physical therapy it is often necessary to expose or touch the area to be treated. Every effort is made to preserve modesty and keep you comfortable. If you have any concerns, please communicate this to your therapist.

I give my consent for treatment by the health care professional staff of ***InFocus Rehabilitation Centre Inc.*** to provide physical therapy and rehabilitation services and necessary treatment as required. I understand that to evaluate and treat my condition, the physical therapy staff must have visual or physical access to the areas of my body which may be experiencing and/or causing my pain and or dysfunction. I understand that it is my responsibility to immediately communicate any difficulties or concerns that I have regarding my therapy to the staff of ***InFocus Rehabilitation Centre Inc.*** I further understand that my primary physician shall be kept informed regarding my current health status and my response to any treatment received.

As with any course of treatment or therapy, there is always the possibility of an unexpected complication and no guarantee or assurance has been made as to the results of treatment.

### Vestibular Patients

It is common to feel nauseous, lightheaded and off balance after the assessment & initial treatment. Occasionally these symptoms can last up to a week as the inner ear heals itself. **It is recommended that you have someone drive you home from the initial appointment.** If you do not have a ride we ask that you sit in the waiting room for at least 15 minutes before driving.

### Consent For The Cost Of Our Services

Please note that although InFocus Rehabilitation Centre Inc. offers direct billing services, **it is the responsibility of the client to keep track of their coverage** throughout their treatment. We are not able to alert you when your coverage has run out or is close to running out. 4

**NO SHOW appointments will be charged in FULL. We require 24 hour notice for cancellations.**

I have reviewed and/or been informed about ***InFocus Rehabilitation Centre Inc's*** Fee Schedule and am aware of the associated cost(s) of the service(s) I am to receive.

### Consent For Personal Information

I understand that to provide me with physiotherapy goods and services, ***InFocus Rehabilitation Centre Inc*** will collect some personal information about me (e.g. home telephone number, address, medical history). The ***InFocus Rehabilitation Centre Inc's*** complete Privacy Policy is available upon request from the front desk. 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 the above, and agree to treatment.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_