



Privacy Policy and Consent

At PhysioWell Health Solutions we understand the importance of protecting your privacy. We are committed to following all guidelines set out by the College of Physiotherapists of Ontario and the Province of Ontario. All information is securely kept, and documents are released only with your written consent.

Collection, Use, and Disclosure of Information

In order to provide you with physiotherapy goods and services, PhysioWell Health Solutions will collect some personal and health information including medical history, previous treatment, home address, and telephone number, etc. The following are purposes for which we collect, use, and/or disclose your information:

- Contacting you, if required, regarding your scheduled appointments
- Invoicing services that were not paid for at the time, or collecting unpaid accounts
- Reviewing client files for the purpose of ensuring that we provide high quality services that address your health needs, and providing you with available treatment options
- Practice consultants, government agencies and / or insurance companies may do audits quality improvement reviews of our Clinic, including reviewing client files and interviewing our staff. Physiotherapists are regulated by the College of Physiotherapists of Ontario who may inspect our records and interview our staff as a part of their regulatory activities
- Third parties may pay for the cost of the goods / services provided to clients by PhysioWell Health Solutions (e.g., WSIB, private insurance, automobile insurance companies). These third-party payers often have your consent to direct us to disclose to them certain information in order to demonstrate client entitlement to this funding
- We retain our client information for a minimum of ten years after the last contact, or 10 years after a client turns 18 years of age to enable us to respond to questions, be accountable for the treatment we have provided, and to provide further services

Collection, use, and disclosure of personal information will only be as necessary to fulfill duties in accordance with our privacy policy.

Paper information is either under supervision or secured in a locked or restricted area. We will be using an online clinic management software that allows for online scheduling as well as online documenting / charting for staff. Electronic hardware is either under supervision, or secured in a locked or restricted area at all times, with passwords on all computers and clinic management software.

At the time of writing, our organization is made up of two physiotherapist, one office manager / reflexologist, one front desk administrative assistant and one osteopathic manual practitioner / registered massage therapist working on site. We restrict access of any third party as much as reasonably possible, unless provided with written consent from you. These parties must enter into a privacy agreement with us.

Assessment and / or Treatment

A Registered Physiotherapist will complete the initial assessment and / or treatment. The treatment plan will be designed by the physiotherapist and will be continuously monitored by them. They will provide services and exercise judgment that they believe to be in your best interests.

Please be informed of the potential risks associated with physiotherapy treatment, such as increased soreness following the session. We ask that you notify the therapist immediately of any concerns.

Cost of Services

Physiotherapy Initial Assessment (1 hour) - \$110.00 (effective November 6, 2023)

Physiotherapy Treatment (30 mins) - \$75.00 (effective November 6, 2023)

* Payment accepted via Visa, MasterCard, Interac, Cash, or Cheque

Authorization

I have reviewed PhysioWell Health Solutions' Privacy Policy and agree to the collection, use, and disclosure of personal information, and the steps taken to protect the information. I also understand I have a right to review my personal information. I have been given the chance to ask any questions regarding the Privacy Policy and they have been answered to my satisfaction.

I understand the services that PhysioWell Health Solutions provides and the cost involved. I understand that I am responsible for all fees incurred at PhysioWell Health Solutions associated with my treatment program and agree to pay any and all outstanding balances on my accounts. I am aware that by making an appointment, it is my responsibility to attend, as lateness or missed appointments inconvenience everyone. A minimum 24 hours is required, and I understand that otherwise I may be charged for a missed appointment.

Name (Please Print) Date: _____

Signature D.O.B.: (MM/DD/YYYY): _____