

Consent for Assessment and Treatment

By initialling below, I understand that all healthcare professionals at ActiveLife Physiotherapy and Wellness Inc. hold provincial license and registration. I understand that my participation in all assessments, treatments, and programs provided by health care professionals at ActiveLife Physiotherapy and Wellness Inc. is voluntary and without conflict. I understand that I have a right to verbally refuse assessment or treatment at any time.

_____Initials

Consent for Communication of Medical Information

By initialling below, I allow ActiveLife Physiotherapy and Wellness Inc. to share information obtained from my ongoing assessment and treatment with my other health care professionals. I also allow the health care professional treating me at this clinic to receive documentation, if deemed necessary, from the same professionals or institution (i.e. CT scans, bone scans, MRI, ultrasounds, x-rays, etc.)

_____Initials

Email Communication

By initialling below, I allow ActiveLife Physiotherapy and Wellness Inc. to use my email to send documentation regarding: appointment reminders, prescribed exercise program delivery, treatment recommendations, newsletters and a customer satisfaction survey as needed.

_____Initials

Billing Agreement

By initialling below, I understand the fees associated with the service I am receiving at ActiveLife Physiotherapy and Wellness Inc. I understand that payments for all services must be made on the day of service unless other agreements are made with the clinic manager.

I understand that **Private Health Insurance** may cover a portion of my health care costs and I will pay the remainder of this cost.

WHSCC billing is direct. If you plan to have WHSCC coverage, you must have submitted Form 6 and your employer must have submitted Form 7. If WHSCC has not responded to our request for treatment coverage, your service will be placed on hold until WHSCC has approved our request.

Outstanding Accounts: I understand that in the event that I have an unpaid account, I will receive up to 2 written notices. If my account remains unpaid beyond these 2 notices and 90 days, then my information will be released to a credit recovery institution.

_____Initials

Cancellation and No-Show Policy

ActiveLife Physiotherapy and Wellness Inc. requires 24 hour notice prior to appointment changes or cancellations. For each individual who cancels or no shows more than two times, a fee will be applied to their account. For WHSCC clients, a notification is sent to case managers for missed appointments as per contract agreement.

_____Initials

Print Name: _____

Witnessed: _____

Signature: _____

Signature: _____

Date: _____

Date: _____