



Consent Form

We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have questions on any of this, please ask.

CONSENT FOR TREATMENT

I hereby give permission to Xpertphysio & Sport Injury Centre (Xpertphysio) to:

1. Assess and treat me with a program of physiotherapy which will be explained to me by a registered physiotherapist during my initial visit.
2. Contact my doctor(s) to report or gather information on my diagnosis, treatment plans and progress.
3. Report assessment findings, treatment plan and progress to appropriate third parties. These may include insurance companies, legal counsel and other related parties.
4. Have support personnel carry out certain components of the treatment plan as assigned and supervised by a physiotherapist.

CONSENT FOR THE COST OF OUR SERVICES

In the clinic: initial assessment and treatment: one injury: \$115/60-75 mins; Two injuries: \$160/75-90 mins; follow-up treatment costs: one injury: \$100/45-60 mins; Two injuries: \$145/60-75 mins; Extended initial assessment and treatment one injury: \$ 130/75 mins; Extended follow-up treatment one injury: \$115/75 mins; Home visit: \$150 per visit

Xpertphysio will send the invoice for my physiotherapy service to me, and I will remit payment to Xpertphysio and then submit the invoice to my insurance company for reimbursement, if applicable.

Health insurance policy and co-payment: I understand that I am responsible for acknowledgement and understanding of my insurance policy and paying the annual deductible and co-payment, which my insurance may deduct from the payment for my physiotherapy services.

CONSENT FOR PERSONAL INFORMATION

1. I understand that to provide me with physiotherapy goods and services, Xpertphysio will collect some personal information about me (i.e. home address, contact information, health history etc).
2. I have review the privacy policy with the physiotherapist 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 Private Policies and they have been answered to my satisfaction.

I agree to Xpertphysio collecting, using and disclosing personal information about me as set out above.

Name: _____ Signature: _____ Date: _____

(Revised on Jan 1, 2024)