

PRANA PHYSIOTHERAPY

103-9093, King George Blvd, surrey. V3V 5V7.

420 Columbia Street, New Westminster, V3L 1B1

Patient informed consent/authorization

Informed consent

I understand the terms and conditions associated with my assessment and treatment for physiotherapy/massage therapy/Chiropractor/Active rehab treatment as explained to me and do voluntarily give consent to the assessment and treatment. I have received information about the proposed services, the benefits, risk and side effects of the services and the consequences of not having these services proposed. I wish to rely on the clinician to exercise judgement during the course of the procedure that he/she feels at the time, based upon the facts he/she then knows, is my best interest. My clinician has responded to all my requests for the information about the services proposed.

Associated risks

I have been informed of the potential risks associated with physio/Chiro/massage/active rehab treatments. They include, but are not limited to burns from modalities, redness, increase discomfort, re-injury, muscle sprains and strains and fractured bones. I understand that I may have increased soreness following treatment and will inform the therapist immediately of any concerns.

Confidentiality/Release of information

I give my consent for the staff/employees of Prana Physiotherapy and rehab to obtain and/or release information from/to physicians/lawyers, family members, insurance companies, case managers, employers, hospitals or health care practitioners as deemed necessary for continuing care or the processing of my claim. I also release the employees of the clinic from any and all claims directly associated with the release of this information. I give permission for the physiotherapy office to reach me at my contact phone number/email, work phone and/or alternative contact information and leave a message when required.

I understand that the program has been designed and monitored by registered therapists and I would follow the complete plan of care.

Payment responsibilities/attendance policy

If I am eligible, I authorize Prana clinic to charge WCB/ICBC/ MSP/private insurers for my services.

I understand that I am responsible for all the fees incurred at Prana Physiotherapy and Rehab clinic and agree to pay any co-pay/outstanding balances on my account. I am aware that there is a cancellation policy in effect at this clinic. By making an appointment, it is my responsibility to attend, as late or missed appointments will be charged a fee of \$25 (for first five visits). After five visits full fee will be charged and therapist has right to discharge the client. A minimum of 24 hours' notice is required for cancellation. All my concerns/questions for treatment and payment have been answered satisfactorily.

Patient signatures/Name

Date