

MONTEBELLO **Physiotherapy** >>> & Sport Rehabilitation

118 Lake St, St Catharines 289-438-9920 montebellophysio@live.com 4383 Portage Rd, Niagara Falls 289-438-5410

All treatments provided by a registered physiotherapist.

Josh Droppert PT, BSc Kin, MPT

Meghan McKay PT, B.Kin, MSc PT

Caitlin Pauls PT, BScHs, MSc PT

Max Greatrix PT, MScPT, HBSKin

Treatment Cost

- Professional services provided are not covered by O.H.I.P., all bills are to be paid after each treatment.
- Treatment costs are to be billed to WSIB for each treatment; however, it is up to the patient to contact their case worker to gain knowledge of the status of their claim (approved/declined).
- Any unpaid invoices from WSIB claim will be to the patient and/or their insurance company.
- Your treatment will include some or all of the following depending on your specific condition; education, mobilization, manipulation, acupuncture, massage, passive and active stretching, or myofascial release. Please do not hesitate to ask any questions regarding your treatment. Any complication or side effects will be discussed with you as deemed necessary or required.

We respect your treatment and set individual appointment times, in return we ask for a minimum of 4 HOURS notice to cancel an appointment or you will be charged a \$30.00 fee. Initial

Patient Consent

- I agree and consent to a physiotherapy assessment and treatment by a registered physiotherapist. I have read and understand the polices above and agree to stand by these conditions. I additionally provide consent for my physiotherapist to communicate with and release information to other health practitioners who are involved in my treatment program.
- I understand that all my medical records will remain confidential by my physiotherapist and will not be released without my written consent to anyone other than those mentioned above, except where required by law. Initial

Privacy Act

- Starting January 1, 2004 physiotherapist require signed consent to collect, utilize, and disclose any personal information for each patient.
- Your information is required for the following:
 - To set up the most appropriate treatment for your health condition.
 - To consult with other health practitioners involved in your treatment.
 - To help our office communicate with you regarding your treatment.
 - To collect payment for your account.
 - To comply with the regulatory requirements of the Ontario College of Physiotherapist.
- We understand it is important to protect your personal information and therefore have procedures in place to protect your information.
- If your personal information is required for any reason not mention above, we will require your signed consent prior to any disclosure.
- You may choose to withdraw your consent at any time by submitting your request in writing.

I have reviewed all the above information and understand how my personal information will be used by this office. I further understand that this office is taking steps to protect my personal information.

Name (print)

Signature

Date

Signature of Witness