

Privacy and Information Form for WSM Patients

Note to patient: We want you to understand the services we hope to provide to you, the cost involved and what we do with the personal information we obtain about you. Please read the following information and if you have any questions, please ask.

INFORMATION/FEEES

Non-OHIP Charges:

WSM is a multi-disciplinary clinic and we provide both private and public services. This means:

- **Physician Visits are covered by OHIP**
- Most other services such as physiotherapy, massage therapy, orthotics, etc., are Non-OHIP services and you are required to pay for these services after each visit. However, most company benefit plans cover part or all of these services.
- Please Note: some physician services are Non-OHIP, such as insurance and work forms, and are subject to a fee.

Fees

Physiotherapy Treatment Visit	\$52
Massage Therapy ½ Hour	\$50

Physiotherapy Initial Assessment	\$85
Massage Therapy 1 Hour	\$88

Missed Appointment Policy:

- We ask that you please give 24 hours notice before cancelling an appointment.
- If you miss an appointment or no notice is given, you may be charged a fee.

Missed Appointment Fees

Physiotherapy Treatment Visit	\$30
Massage Therapy ½ Hour	
Physician Appointment	

Physiotherapy Initial Assessment	\$50
Massage Therapy 1 Hour	

PRIVACY

To provide you with treatment, Waterloo Sports Medicine Centre will collect personal information about you that will be used for clinic purposes only. To view a copy of WSM's privacy policy, please ask one of our reception staff.

We would also like to obtain your consent to communicate with your health care provider if necessary

DO YOU CONSENT TO SHARE YOUR INFORMATION WITH YOUR FAMILY DOCTOR OR HEALTH CARE PROVIDER

YES

NO

NO Family Doctor

PLEASE NOTE: To provide information to anyone besides your health care provider, we will need further written consent.

I have reviewed and agree to WSM's Privacy Policy about the collection, use and disclosure of personal and medical information, the steps taken to protect the information and my right to review my information.

I have been given a chance to ask any questions I may have about the Privacy Policies and they have been answered to my satisfaction. I understand that as explained in the policy manual, there are some exceptions to these commitments.

I understand all of the above information and give consent to be treated as a patient.

Signature _____ Date _____

Print Name _____