

**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 that we do with the personal information we obtain about you. Please read the following information and if you have any questions, please ask.

**INFORMATION / FEES**

**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.

**FEES**

Physiotherapy Treatment Visit	<b>\$52</b>	Physiotherapy Initial Assessment	<b>\$85</b>
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**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 will be charged a fee.

**MISSED APPOINTMENT FEES**

Physiotherapy Treatment Visit	<b>\$35</b>	Physiotherapy Initial	<b>\$55</b>
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**PRIVACY**

To provide you with treatment WSM 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 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 \_\_\_\_\_