



PHYSIO COLLECTIVE

PHYSIOTHERAPY • MASSAGE THERAPY • KINESIOLOGY

CONSENT FORM

Communication: I understand that The Physio Collective will collect some personal information about me in order to provide rehabilitation services. I agree that The Physio Collective may collect, use, and disclose personal information about me. I understand that my personal information may be disclosed to other staff members, healthcare providers, and third parties involved in my care. I authorize The Physio Collective to contact me about my appointments and to provide clinic updates and promotions. I have had the opportunity to ask questions about how my information may be used. I understand that the information will only be used in an appropriate manner. (A full copy of our Privacy Policy is available upon request).

Informed Consent: I understand the terms and conditions associated with my assessment and treatment at The Physio Collective as explained to me and do voluntary give my consent to the assessment and treatment. I have received information about the proposed treatment and rehabilitation services, alternative courses of action, the benefits, risks and side effects of the services and the consequences of not having the service proposed. I wish to rely on my therapist 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. I also understand that results are not guaranteed.

Associated Risks: I have been informed of the potential risks associated with treatment at The Physio Collective. They include, but are not limited to: burns from modalities, redness or bruising, increase pain or discomfort, re-injury, muscle sprains and strains, overexertion, falls or collisions with objects, equipment or other people, and mechanical failure of equipment. I understand that I may have increased soreness following treatment and will inform my therapist immediately of any concerns.

Attendance and treatment increases your risk of exposure to Covid 19 and other communicable diseases.

Informed Consent for Telehealth/Tele-rehabilitation Disclosure: Physio Collective Services offers tele-rehabilitation sessions by video conferencing through its virtual technology platform to clients who are unable to attend in person sessions, either in a clinic or community setting. Clients must meet specific criteria to utilize this service.

I Acknowledge and Understand that:

- Physio Collective cannot guarantee the security of the information shared over video/teleconferencing.

- If for any reason video conferencing is not suitable, becomes unsuitable due to safety or other concerns, for my treatment due to elevated risk of injury, complications, or any other reason, based on the opinion of the therapist, I agree to discuss and make arrangements to attend in-person sessions with Physio Collective or another healthcare provider of my choosing.
- All the regulations of the BC Health Professions Act along with other laws in the province of BC apply to video conferencing (e.g. documentation in my health records).

I understand and agree with the criteria above and as such agree to participate in services provided by The Physio Collective. I understand that I may stop the assessment or treatment procedure at any time, during or after a session. I understand that I may ask questions at any time, and that my consent may be withdrawn in writing at any time, except for actions already taken. I intend this consent to cover the entire course of treatment for my present and future conditions for which I seek treatment at The Physio Collective.

Print Name: _____

Client Signature: _____

Date: _____

Witness Signature: _____