

Guiding Principles, Privacy & Cancellation Policy

Quinn Rehab Services (QRS) endorses and strives for an inclusive environment, one that demonstrates respect, equity, and support for all individuals, regardless of race, ethnicity, gender identity, age, faith, ability or sexual orientation. QRS implements a top to bottom approach to achieve a welcoming environment for all, validated through words and actions.

On January 1, 2004 the Personal Information Protection and Electronics Documents Act (The Act) came into effect with a mandate to balance the privacy rights of the individual and the needs of commercial organization to collect information for business purposes.

QRS remains committed to you, to your health and respects your right to confidentiality. The privacy policy of **QRS** is founded on the following principles:

ACCOUNTABILITY: The staff of **QRS** is responsible for maintaining and protecting all information collected by the clinic. Patty Staring, Privacy Officer for **QRS** would be pleased to speak with you if you require any clarification.

LIMITED AND ACCURATE COLLECTION OF INFORMATION: **QRS** limits the collection of personal information to that which is necessary for the provision of excellent health care. This information is accurately maintained in its most current form in order to fulfill the purposes for which it was collected.

CONSENT: A decision to receive care at **QRS** implies consent for the sharing of information internally, for purposes related to your health care only. Written consent is required from you in order to share your health care information externally. You may withdraw this consent in writing at any time.

TELE-REHABILITATION: If you and your therapist have determined that care delivered via an online platform is appropriate, the platform will be secure and encrypted to protect your privacy. In addition, there is a mutual understanding that online care has limitations associated with an inability to perform hands-on assessments, examinations, and treatments. In the case of failure of video transmission, please call the clinic at 705-726-2362.

DISCLOSURE AND RETENTION: Patient information is kept in a secure manner for a period of ten years. This information will only be utilized for the purposes for which it was collected or if required by law.

INFORMATION STORAGE: Appropriate security measures are utilized to secure the privacy of all information collected in the delivery of your health care services.

PATIENT ACCESS: You are entitled to view the information collected by **QRS** regarding yourself. You may obtain a copy of your records. There is a fee for this service.

I hereby consent to the collection, use, maintenance and disclosure of my personal information as indicated above, unless and until I advise in writing.

CANCELLATION POLICY

Please be aware that 24 hours' notice is required for an appointment cancellation, or you will be charged the full fee.

Date

Name (please print)

Signature

Witness

RELEASE OF INFORMATION CONSENT FORM

I, _____ authorize QuinnRehab
Print Patient / Guardian Name

to furnish or obtain all information from _____

including any documents and reports in regards to the condition and treatment of:

Print Patient Name

Date of Birth: yy yy / mm / dd

Patient / Guardian Signature

Date: yy yy / mm / dd

Patient / Guardian Name (please print)

Witness Signature

Date: yy yy / mm / dd

Witness Name (please print)

Returning for treatment - signature update

By signing below, you indicate your continued agreement within the terms of this document.

Update #1: _____
Patient / Guardian Signature

Date: yy /mm / dd

Witness Signature

Update#2: _____
Patient / Guardian Signature

Date: yy /mm / dd

Witness Signature