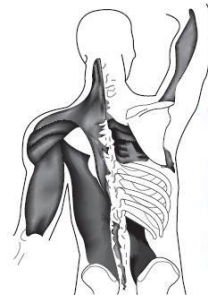




**Active  
Physiotherapy  
Solutions**



**Woodstock  
Physiotherapy  
Clinic**

## **Please agree to the below consent form to confirm your Virtual Physiotherapy Clinic Consultation**

### **Informed Consent for Virtual Physiotherapy Clinic Consultations**

"Virtual Clinic" means that you may be evaluated and treated by a physiotherapist from a distant location via electronic communication. Since this may be different than the type of consultation with which you are familiar, it is important you understand and agree to the following statements:

- The consulting physiotherapist will be at a different location from me. Additional medical or registration personnel may also be present in the room with the Provider.
- I understand that my voice and image may be recorded in order to assist the medical or registration personnel and I consent to any such audio and video recording. These recordings will be kept in a safe and secure location and only stored at our locations.
- I understand there are potential risks to this technology, including, but not limited to, interruptions, unauthorized access, technical difficulties, and call termination. I understand there are alternatives and limitations to this type of care. I understand that my physiotherapist or I can discontinue the tele-consultation/visit if it is felt that the videoconferencing connections are not adequate for my situation.
- I understand that I may be released before all my conditions are known or treated and it is my responsibility to make such conditions or symptoms known to the physiotherapist as well as to make arrangements for follow-up care. In the event of an emergency during this consultation, a plan will be developed before the consult.
- I understand that payment will be collected at the time of service and cannot be refunded once the consultation has begun unless it is determined that the physiotherapist is unable to help with your condition. We also have a satisfaction guarantee policy in place if you are unhappy or not satisfied with the level of care you have received. Our satisfaction policy is available on our website at [www.activephysiosolutions.com/guarantee](http://www.activephysiosolutions.com/guarantee)

### **Authorizations**

- The undersigned patient, or authorized individual acting on behalf of the patient, understands and agrees as follows: By typing my name below, I am granting permission to all physiotherapists, physiotherapy assistants and any other professionals to perform and

administer care and treatment of the patient, or designated other qualified health care provider for such services.

- Grants permission to release to third party payor(s), their representatives and/or physician(s) involved in the patient's care, any information needed in connection with all care rendered to patient.
- If the patient is under the age of 18 or lacks capacity, the signing party affirms that they are either the parent or legal guardian of such patient and has full legal authority to seek medical assistance on behalf of the patient.

**Financial Responsibility**

I and/or my insurance carrier(s) agree to pay, in a timely manner, for physiotherapy services provided. I authorize payments directly to Active Physiotherapy Solutions and/or Woodstock Physiotherapy Clinic for all benefits payable. I further agree to pay the fee that will be requested at the time of my Virtual Physiotherapy Clinic consultation. I understand that I am responsible for any unpaid bills that may not be covered by any other private insurance company(s).

First Name

Last name

Signature

**I understand, agree to the statements above and give my formal consent to these services.**