Alliston Foot & Orthotic Clinic
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Patient Consent

As a regulated health care provider, Alliston Foot & Orthotic Clinic is required by the **College of Chiropodists of Ontario** to obtain your informed consent before providing assessment or treatment. This ensures you understand the nature, benefits, risks, and alternatives of care, as well as how your personal information is collected, used, and shared. By reviewing and signing this form, you acknowledge that these policies have been explained to you, that you have had the opportunity to ask questions, and that you understand your rights as a patient. Signing this form allows us to provide safe, ethical, and effective care in accordance with professional standards and provincial regulations.

Treatment Authorization

Chiropodists are required to advise patients of the general risks associated with common services and obtain informed consent to assessment and treatment prior to initiation of services. The Chiropodist will assess your current foot condition taking your medications, overall health, and activity level into account. A management plan will be presented to you based on this assessment. Signing this form DOES NOT oblige you to consent to any services recommended. Verbal consent will be obtained on an ongoing basis for routine care and services. Treatments will only be initiated after verbal consent. Consent will include disclosure of costs associated with any treatments, products and services before their delivery.

In all cases, your optimal management plan will be presented for your consideration and consent. If you are unable to accept this management plan, alternatives will be presented with a description of their expected level of success/efficacy.

Photographs will be taken on occasion with your ongoing verbal consent for the following purposes: - Documenting initial foot condition - Documenting treatment (before/after) - Monitoring your foot condition and evaluating treatment success/improvement - Educational purposes with Non-Identifying images ONLY.

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Social Media Policy

It is important to understand the clinic's policies related to social media and how our clinicians conduct themselves online as regulated health professionals.
Alliston Foot & Orthotic Clinic maintains several social media platforms that you may choose to follow or view at your discretion. You are welcome to like or share our posts, but please note that doing so is entirely voluntary and may impact your privacy.
Our clinicians do **not accept friend or contact requests** from current or former patients on any social networking sites (e.g., Facebook, Instagram, LinkedIn, etc.). Adding patients as friends or contacts may compromise both your confidentiality and the professional boundaries required in a clinical relationship.
Please **do not use social media messaging** (e.g., Facebook Messenger, Instagram, or LinkedIn) to contact the clinic or any clinician. These platforms are not secure and will not be used for communication regarding appointments, treatment, or clinical inquiries.
To protect your privacy communication with the clinic should always occur through official and secure channels such as phone (705-250-0530), email, or our online booking system at allistonfoot.janeapp.com.
Engaging with the clinic or its clinicians via public social media channels could compromise your confidentiality and is therefore discouraged.

Appointment Policy

Your appointment time is reserved especially for you. We understand that schedules can change, and we kindly ask for at least 24 hours' notice if you need to cancel or reschedule your visit. This allows us to offer the time to another patient who may need care.
Please note that missed appointments or cancellations made with less than 24 hours' notice will be subject to the full appointment fee.

_____ _____
Signature of Patient or Guardian Date