

LINDSAY REHABILITATION CENTRE (LRC)

VIRTUAL CARE CONSENT

Your privacy is very important to us. Similar to any in-person visit, we do our best to make sure that any information you give to us during a virtual care visit is private and secure.

We have privacy and security policies and procedures in place however any electronic communication, including virtual care visits and e-mail is never completely secure and there may be an increased risk that your health information be intercepted by third parties through malware, phishing scams or other unauthorized access.

To help us keep your information safe, we request that you do the following:

- Use your personal computer or device.
- Use a secure internet connection at home. Do not use an internet connection in a public area, such as a, store, restaurant or library.
- Use your personal e-mail, not a work e-mail address.
- If you receive an e-mail and are not sure if it is coming from Lindsay Rehab/Lindsay Physiotherapy, please call us to confirm before clicking on any links.

By agreeing to participate in virtual care, you are agreeing to let your health-care provider collect, use, or disclose your personal health information through video or audio communications in order to provide you with care (while following the same regulatory and legislative requirements and adherence to their respective Standards of Practice and Code of Conduct, just as they are for in-person services). Electronic (or virtual) communication may include e-mail, videoconferencing, text messaging or email.

At the beginning of the session, the therapist will confirm their identity, request that you confirm your identity and they will seek your informed consent to receive services and transmit information.

We encourage you to have someone present in your home in case of emergency and you will be required to provide an emergency contact.

It is important to understand the risks and disadvantages of virtual physiotherapy. Many physiotherapy issues and health concerns can be addressed with virtual care alone, but virtual care is not a substitute for in-person communication or physical examination. If at any time either you or the provider believe that the virtual care session is limiting the quality or goals of the service, we can arrange for an in-person appointment.

I have read, understood and agree to the above statements and, as such, agree to participate in a virtual assessment and treatment program. I understand that for the duration of my treatment, my consent may be withdrawn at any time and that I must inform my physiotherapist.

Initials:

CONSENT FOR USE OF PERSONAL INFORMATION

LRC will collect some personal information about you (e.g. home address, telephone numbers, email etc.) in order to provide you with rehabilitation services and products. Upon request, you will be given a copy of our Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and your right to review your personal information. By signing this form, you agree that:

- LRC may collect, use and disclose personal information about you as set out in this form and in LRC's Privacy Policy;
- You understand how our Privacy Policy applies to you;
- You have had an opportunity to ask any questions you have about our Privacy Policy and they have been answered to your satisfaction;
- You understand there are some rare exceptions to the commitments in our Privacy Policy, as explained in the Policies and Procedures for Personnel Information issued by the Government of Canada.

CONSENT FOR THE COST OF OUR SERVICES

You will be provided the cost of the services you are responsible for and you may also request a copy of our full fee schedule.

By signing this form, you:

Agree to pay for all services directly billed to you at the time they are rendered/provided. If you do not pay for a service at the time it is received, you agree to pay interest on any outstanding balance at the rate of 24% per annum (2% per month), by signing below, you consent to LRC and its agents obtaining personal information about you from your insurance provider, credit reporting agencies and others.

Agree that in the event that your claim with the WSIB is denied or rejected, you are personally responsible for the payment of all services rendered

Understand that as required by auto legislation your extended health benefits must be accessed before your auto insurer is responsible for services provided by LRC. MVA session fees are billed in accordance with the FSCO fee guidelines.

Authorize any benefits payable for services/treatment rendered by *Lindsay Rehabilitation Centre Inc* to be assigned directly to *Lindsay Rehabilitation Centre Inc* and agree to endorse and forward any cheques or money received by you from your insurance company in payment of treatment at *Lindsay Rehabilitation Centre Inc* upon receipt.

Agree to provide 24 hours notice when canceling an appointment. Because your appointment time is reserved exclusively for you and our professionals cannot use this time to see other patients, if you do not provide 24 hours notice of cancellation, you agree to pay our standard fee for the missed appointment, as if you had attended.

Understand that attending for programs of care (WSIB, MVA, OHIP) it is expected that patients attend all scheduled sessions to ensure the most effective outcomes. Failing to attend up to two (2) scheduled appointments may be grounds for discharge from the program due to non-compliance.

Read and Understand

I have read and understand the Virtual Physiotherapy Information above.

Consent and Agree

I have read the Consent Form and I agree to Lindsay Rehabilitation Centre collecting, using and disclosing personal information about me as set out in LRC's Privacy Policy.

Please confirm your signature by typing your full legal name below:

Name of Patient (required)

Date of Birth (required) MM/DD/YYYY

If patient is under 18 years of age, Name of Parent/Guardian
Name

Relationship

I certify that I am the parent or legal guardian of the above minor.

I certify that I am over 18 years of age.

Contact (in case of emergency during appointment)

Contact Number

I am aware that not all insurance companies cover Virtual Physiotherapy and it is my responsibility to check my personal insurance plan.