

**Use of Personal Information**

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COXWELL collects, uses, discloses, retains and disposes of your personal information in compliance with federal and provincial privacy legislation and applicable college regulations. All staff members who come in contact with your personal information have signed a confidentiality form and have been trained in the appropriate use and protection of your information. If you have any questions, please contact the COXWELL Privacy Officer at 905-841-7126 or via email at info@Coxwellphysio.com. We use and disclose your personal information in the following ways:

- To assess your health concerns, advise you of options and provide healthcare
  - To communicate with other treating healthcare providers, including your physician
  - To obtain diagnostic test results pertinent to the condition for which you are seeking treatment
  - To allow us to efficiently follow-up for treatment, care and billing via phone, email, addressed mail and voicemail
  - To establish and maintain contact with you
  - To complete claims for insurance purposes
  - To invoice for goods and services
  - To collect unpaid accounts and process credit card payments
  - To comply with the law
  - To contact you from time to time during treatment and post-treatment about new services, changes to services, special offers, surveys, clinic updates and other opportunities, by phone, email or addressed mail and voicemail
- I would like to receive email reminders of my appointments

**Financial Responsibility**

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COXWELL will bill your insurance carrier on your behalf when we can verify that payment will be received by the clinic directly.

In the following circumstances you will be responsible to pay at the time of service or product purchase

- When you do not have any insurance that will cover the product or service
- When your insurance carrier sends payment directly to you or requires that you pay and submit your expenses
- When your coverage does not pay 100% or has been used up (you are responsible for the copayment)
- When a product is custom made (deposit is required before ordering)

In the following circumstances you can provide your credit card information and carry an outstanding balance:

- If you have an approved car insurance claim and your extended health benefits are paid to you directly (we will bill your credit card if the payment has been confirmed and it has remained outstanding for a period of 30 days) \*
- If you start treatment before getting approval for a car insurance or work injury claim (if your claim gets rejected, we will notify you and bill your credit card once the remaining balance is outstanding for a period of 30 days) \*

**\*Please bring to the clinic copies of paperwork you receive from any of your insurance companies**

**Consent for Assessment & Treatment**

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I give my consent to undergo assessment and treatment. I have had the chance to discuss with my healthcare provider(s) the risks and benefits for my particular condition. My treatment may include: manual therapy, modalities (e.g. heat, ice, whirlpool, contrast bath, wax, laser, ultrasound, interferential current (IFC), electrical muscle stimulation, TENS, mechanical traction, acupuncture, dry needling, intramuscular stimulation, cupping, spinal manipulation), and active exercise. I understand that results are not guaranteed and that I may withdraw this consent at any time. If deemed appropriate by my therapist, I agree to have a student or support personnel carry out my treatment plan under supervision.

\_\_\_\_\_ Clinician Initials - Consent Confirmed After Assessment

**Cancellation Policy**

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We appreciate 24 hours advance notice for any cancellations and reserve the right to charge a cancellation fee if not adhered to.

**I have read the above details and give my informed consent below.**

Name of Patient:

Signature of Patient (or Guardian):

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Patient Date of Birth: (MM/DD/YYYY):

Date of Signature (MM/DD/YYYY):

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