

# Patient Privacy Protection Form

*A Body In Motion Rehabilitation*  
*289 Victoria St N*  
*Suite E*  
*Kitchener, ON N2H 5E1*

It is very important to us that we receive your **informed consent**. What this means is that we want to ensure that you understand the services that we provide to you, and what we do with the personal information that we obtain from you. We have an outlined "Privacy Policy" for A Body In Motion Rehabilitation, which is always available for your perusal. Please do not hesitate to ask for the policy manual if you would like a more detailed explanation than what is outlined in this form.

Important Information for you, the Client:

\*Like all physiotherapy clinics, we collect, use, and disclose, personal information in order to better serve you. The primary purpose for collecting information is to safely and effectively provide physiotherapy services. This information will always be collected with your consent and distributed with your consent. Distribution of information occurs only for billing purposes (WSIB or MVA clients), treatment purposes, and /or for professional review.

\*Your information will be securely kept for a minimum of 8 years and a maximum of 10 years. We are required by the Ontario College of Physiotherapists to maintain retain our client's records.

\*We understand the importance of protecting personal information. For this reason, we have taken the following steps:

- Paper information is under supervision or in a restricted area at all times.
- Electronic hardware is under supervision or has restricted access at all times.
- Reputable companies transmit paper information through sealed, addressed envelopes.
- Electronic information is transmitted through direct lines, and marked as "personal and confidential".
- Staff is trained to collect, use, and disclose personal information only as necessary to fulfill their duties in accordance with our privacy policies.
- External consultants and agencies with access to personal information (WSIB, insurance companies) must enter into privacy agreements with us.

\*We do not share personal information with any agencies not directly related to your physiotherapy treatment care and we do not provide our patient's information to solicitors.

Consent for Personal Information:

I understand that to provide me with rehabilitation services and products, the clinic is required to collect personal information. I understand the collection, use, and disclosure of this personal information, and I have been offered a more detailed explanation through the Privacy Policy Outline for A Body In Motion Rehabilitation. I understand how the privacy policy applies to me and I have been given the chance to ask questions with respect to clarification.

I agree to A Body In Motion Rehabilitation collecting, using, and disclosing personal information about me as set out above and in the Privacy Policy.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*We wanted to let you know that we do our very best to have the same therapist follow you through your treatment. If your preferred schedule time is taken, and you do not feel comfortable working with one of our other therapists, please let us know and we will do our very best to accommodate you!!*

*We want you to know that we are 100% dedicated to the partnership that we have begun with you and it is our goal to work with you to obtain positive results!*