



**MARKHAM GATEWAY
PHYSIO & WELLNESS CENTER**
109A, 2855 Markham Road
Toronto ON M1P 0C3
Ph: 416-724-1661

CONSENT TO RELEASE INFORMATION AND CONSENT TO TREATMENT

Markham Gateway Physio & Wellness Center, provides you with the assessment and treatment of Physiotherapy, Massage, Acupuncture, Chiropractor, Podiatrist, Orthotist services. The service provider will be discussing about the disadvantages and advantages for any recommendations. To meet your needs and serve you well, the service provider needs to know personal information about you.

You, as an individual, have the right to know how to collect, use and disclose personal information. You have the right to expect that, to the best of the service provider's ability, your personal information held by the service provider, remains accurate, confidential and secure. The service provider adheres to a long-standing commitment to maintain the confidentiality and security of personal information and have implemented practices to better protect the privacy of your personal information.

The service provider collects, uses, discloses and stores facts about you and your health. The facts are collected to help provide healthcare or payments for health care. They include: Your name, address and your Ontario Health Card Number, facts about your health, health care history and the health care that you have been given. The service provider uses this information and share it only with those who need to know with your consent.

For instance, the therapist might use it:

- To make decisions about the types of services you need
- To serve as a means to communicate to other Service Providers.
- To monitor the provision of services and evaluate your response to services provided
- For administration, management, strategic planning, decision-making, research, allocating of resources within the practice guidelines of the registered College of the service provider.
- To meet legal and regulatory requirements.
- The Service Provider may be required to comply with audit and inspection rights of the College and the delivery of client records to the College if requested.

Initials



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These are your rights:

- You may see or have access to your personal health information.
- You may ask for and receive any copy of your health record.
- You may ask us to correct your records
- Your personal information is private. Unless sharing it with others is authorized by law, we cannot and will not give out any of your personal information without your consent.

CONSENT

I, _____ have reviewed the above summary of information relating to the Markham Gateway Physio and Wellness Center's Privacy Policy. I have had an opportunity to have questions answered regarding this notice and feel that I have a reasonable understanding of the notice. I hereby authorize the collection, use and disclosure of my personal information by the service provider in order to facilitate the provision of care and service to myself and for specific, related purposes as detailed within this notice.

Client Signature: _____ **DOB:** _____ **Date:** _____