



CONSENT

I, _____ understand all the benefits, risks, side effects, nature of assessment and following treatment for Physiotherapy Services provided by Physio Rehab Group. I consent my Physiotherapist to disclose my personal health information to others involved in my care (Payers – Insurance company, Physiotherapy support person, if required & referral sources) and my health care provider (Physician).

I understand the importance of Physiotherapy assessment, treatment and an exercise program prescribed by my Physiotherapist for the improvement of my present condition (Injury / Illness) and understand the consequences of not following the treatment and exercises. I can ask questions about the assessment, ongoing treatment and the exercise program at any point of time during the process.

I also understand that I have the right to withdraw my consent at any time during the course of assessment and following treatment, but does not apply to personal and personal health information that has already been collected, used or disclosed by Physio Rehab Group.

I consent to be contacted via email, text message or calls for the purpose of providing me with information and communication related to my telecare, booking and confirming appointments.

Consent for the following:

Doctor

Insurance Company (If applicable)

I agree to the above mentioned consent and would like to go ahead with the Physiotherapy services with Physio Rehab Group.

Signature of the Client (Guardian if under 16 years)

Date

Email