

## ✿ OFFICE POLICIES & PROCEDURES ✿

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***It is strongly recommended that you fully read and understand the clinic policies and procedures. If you have any questions, please ask. In signing this form, you are fully aware and agree to all terms and conditions outlined in this document. Treatments are not intended for substituting primary medical care. Always check with your primary family physician before implementing alternative/complimentary forms of healthcare. In signing, you agree that you have reported all your health history to the practitioner, as well as your family physician. Report any changes to your health to your family physician immediately.***

- ☑ Patient information recorded on health history forms is important to give you the most safe and effective treatment. In becoming a client/patient of this clinic, it is understood that all information discussed or recorded is strictly confidential and may not be released without your written consent. Therapists do not share files; therefore, if you choose to be treated by another therapist, a new health history/consent form must be filled out. The therapists working in this clinic setting are independent. They do not represent one another and are not legally responsible for one another.
- ☑ New patients must fill out a health history form and consent form. A full assessment is performed on your first visit so that a relevant treatment plan may be set up for you. New health history forms must be filled out after a long duration away from treatment, or when seeing any new therapist in the clinic for the first time, and/or if your health history changes dramatically.
- ☑ The clinic is therapeutically based and follows the strict guidelines of the RHPA and OOA. If at any time you are uncomfortable and wish to alter the treatment plan or application of treatment, please feel free to discuss it with your therapist, so that your needs can be fully addressed in a timely manner. If you require alternative therapy, an alternate therapist will be located for you.
- ☑ Payments can be made in either CHEQUE, CASH or E-transfer and a receipt will be issued. Please photocopy your receipt prior to sending it to your insurance provider as they may sometimes get lost in the mail/courier services. Re-issue of receipts will be at cost. If you require a full list of treatment dates at the end of the year, one will be provided for a fee of \$100. Returned cheques (Non-Sufficient Funds-NSF) will be subject to a \$35 service fee.
- ☑ Due to the lack of secretarial staffing, reminder calls are not office policy; however, an appointment card will be issued. **Please be considerate and give a 48-Hour notice if you cannot make your appointment so other patients may receive treatment in your place. Changes to scheduled appointments less than 48 hours are considered a full charge, unless it is a true emergency, sudden severe illness or unavoidable circumstance. Missed appointments without notification/No-shows will be issued a full charge of the time scheduled, except in the event of extreme illness or emergency or unavoidable circumstances.**
- ☑ If you are late for your appointment, it is understood that only the time remaining is allotted for your treatment, unless additional time is available for your therapist. Please be considerate and be on time.
- ☑ Upon arrival to the clinic, please remove your shoes, help yourself to slippers and have a seat in the waiting room. **Please do not call out or knock on the therapists' rooms as treatments will be in session. Please do not bring food/drinks into the clinic.** Do not consume alcohol or energy drinks prior to coming to treatment. If the client/patient is under the influence of alcohol/drugs, treatment will be immediately terminated and re-booked to another date with full charge of allotted time implemented.
- ☑ In signing this document, you are giving full consent to assessment & treatment on this date and for any treatments that may follow. You are aware that you are taking on responsibility for any of the effects that may take place during or following the treatment today or in the future. In signing this document, you also agree to all the terms and policies at this office and have disclosed all information throughout the health history form that could possibly have an effect on your treatment outcome, including medications and any other form of treatment (medical/alternative/complimentary) you are having currently or have had in the past.
- ☑ It is **NOT** the policy of this clinic to work through WSIB or MVA claims, however if you require such claims, a therapist in the area will be suggested to you. We **DO NOT** give letters, documents, notes in WSIB or MVA cases.
- ☑ Clients under the age of 18 must have a parental or legal guardian accompanying them for the initial assessment/treatment. If under the age 16, a parent or legal guardian must be present for all assessments and treatments.