



OFFICE POLICIES

1. Payments must be made as services rendered.
2. In order to keep your file up to date, please advise the office of any changes to your address, name or contact numbers.
3. Our office has adopted a scent-free policy, therefore, please refrain from wearing any perfume or cologne during your visits.
4. **In order to ensure quality care for all clients, please respect your appointment time as it has been reserved for you. Any missed appointment without adequate notice will have a \$25.00 fee applied to your following visit.**
5. There will be a \$25.00 fee for all NSF cheques.
6. I consent that my Physiotherapist may communicate with my Physician and/or other treating health care practitioner, as well as my insurance company, should the need arise. I will be informed in advance if such communication will take place.
7. Please read through our privacy policy which is located in our waiting room.
8. Please read the following:

I confirm that I am capable of consenting to being assessed by a Registered Physiotherapist. I will be explained the clinical findings of this assessment as well as the planned treatment approach for my specific condition(s). I acknowledge that I may refuse or withdraw my consent at any time, this being during the assessment or during any treatment thereafter. I have also read the Privacy Policy for which Christopher Binks is the Health Information Custodian, and have been satisfactorily answered any questions I have posed regarding its content.

NAME: _____

SIGNATURE: _____

DATE: _____