

## LINDSAY REHABILITATION CENTRE INC (LRC)

### CONSENT

*We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask. LRC is the acting Health Information Custodian for your health records at this facility.*

### CONSENT FOR USE OF PERSONAL INFORMATION

LRC will collect some personal information about you (e.g. home address, telephone numbers, email etc.) in order to provide you with rehabilitation services and products. Upon request, you will be given a copy of our Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and your right to review your personal information. By signing this form, you agree that:

- LRC may collect, use and disclose personal information about you as set out in this form and in LRC's Privacy Policy;
- You understand how our Privacy Policy applies to you;
- You have had an opportunity to ask any questions you have about our Privacy Policy and they have been answered to your satisfaction;
- You understand there are some rare exceptions to the commitments in our Privacy Policy, as explained in the Policies and Procedures for Personnel Information issued by the Government of Canada.

### CONSENT FOR THE COST OF OUR SERVICES

You will be provided the cost of the services you are responsible for and you may also request a copy of our full fee schedule.

By signing this form, you:

Agree to pay for all services directly billed to you at the time they are rendered/provided. If you do not pay for a service at the time it is received, you agree to pay interest on any outstanding balance at the rate of 24% per annum (2% per month), by signing below, you consent to LRC and its agents obtaining personal information about you from your insurance provider, credit reporting agencies and others.

Agree that in the event that your claim with the WSIB is denied or rejected, you are personally responsible for the payment of all services rendered

Understand that as required by auto legislation your extended health benefits must be accessed before your auto insurer is responsible for services provided by LRC. MVA session fees are billed in accordance with the FSCO fee guidelines.

Authorize any benefits payable for services/treatment rendered by *Lindsay Rehabilitation Centre Inc* to be assigned directly to *Lindsay Rehabilitation Centre Inc* and agree to endorse and forward any cheques or money received by you from your insurance company in payment of treatment at *Lindsay Rehabilitation Centre Inc* upon receipt.

Agree to provide 24 hours notice when canceling an appointment. Because your appointment time is reserved exclusively for you and our professionals cannot use this time to see other patients, if you do not provide 24 hours notice of cancellation, you agree to pay our standard fee for the missed appointment, as if you had attended.

Understand that attending for programs of care (WSIB, MVA, OHIP) it is expected that patients attend all scheduled sessions to ensure the most effective outcomes. Failing to attend up to two (2) scheduled appointments may be grounds for discharge from the program due to non-compliance.

#### Consent and Agree

I have read the Consent Form and I agree to Lindsay Rehabilitation Centre collecting, using and disclosing personal information about me as set out in LRC's Privacy Policy.

#### **Please confirm your signature by typing your full legal name below:**

Name of Patient (required)

Date of Birth (required) MM/DD/YYYY

If patient is under 18 years of age, Name of Parent/Guardian

Name

Relationship

I certify that I am the parent or legal guardian of the above minor.

I certify that I am over 18 years of age