



Consent to Treat and Consent to Collect and Disclose Personal Information

St. Catharines Physiotherapy Centre needs your informed consent to provide assessment and treatment services to you, and to collect and use your personal information. We want you to understand the services we provide, the cost involved, and what we may do with the personal information we obtain about you.

St. Catharines Physiotherapy Centre is also part of CENTRIC™ Health Management Inc. which provides health referral and billing services, clinical & administrative consulting, training, data management services, and assessment and treatment services to a network of health practitioners, including physiotherapists, massage therapists, physicians, and to Third Party Payers which subscribe to CENTRIC™ Services in Canada. As part of the provisions of CENTRIC™ Services, CENTRIC™ also collects and stores personal information relating to the Clients or Claimants of the Service Providers or Third Party Payers and requires consent to do so.

CONSENT TO COLLECT AND DISCLOSE PERSONAL INFORMATION

The Clinic and CENTRIC™ are responsible for the personal information under its' control, has developed a Privacy Policy, and has appointed a Privacy Officer to ensure that it complies with this Privacy Policy, and all applicable privacy legislation affecting The Clinic's and CENTRIC™'s use of your personal information. Personal information that the Clinic and CENTRIC™ collects, retains, uses, and discloses may include, without limitation, your name, age, contact information, health benefit information, occupational information, personal health information, medical history, and other information deemed necessary to fulfill the following purposes:

- a) To provide assessment and treatment services.
- b) To comply with the requirements of professional regulatory bodies, including file audits.
- c) To contact you about services you have received or services we are offering. This may include (without limitation): follow-up calls or appointment reminders.
- d) To invoice you directly for services provided (when applicable), and to process payment for those services.
- e) To invoice WSIB, MVA insurers, and Employers (when applicable) for services provided to you.
- f) To provide WSIB, Physicians, MVA Insurers, Employers, Family Members, and Legal Counsel with assessment findings/progress reports/discharge recommendations, resulting from services provided to you.
- g) To determine best clinical practices and ensure quality of service by staff of the Clinic.
- h) To store information (chart files) on behalf of Service Providers or Third Party Payers for a period of ten years (required by law), upon which time files are professionally shredded.
- i) To analyze for research purposes
- j) To market services provided by CENTRIC™ and CENTRIC™ Service Providers

I understand that St. Catharines Physiotherapy Centre and CENTRIC™ may use, share, disclose and retain my personal information, in order to fulfill the purposes noted above, or where otherwise permitted by law. I understand that St. Catharines Physiotherapy Centre and CENTRIC™ collects, uses, and discloses only personal information required to fulfill the purposes noted above, and retains my personal information only as long as necessary to fulfill those purposes. I understand that St. Catharines Physiotherapy Centre and CENTRIC™ will not use my personal information for purposes other than those noted above without my consent.

I understand that St. Catharines Physiotherapy Centre and CENTRIC™ strives to ensure that my personal information is as accurate as possible and that the Clinic and CENTRIC™ has in place security safeguards designed to protect against loss, theft, or unauthorized access or disclosure of my personal information.

I understand that I may request of St. Catharines Physiotherapy Centre and CENTRIC™ a copy of its Privacy Policy. I am aware that I may direct any questions about my personal information or the Clinic's Privacy Policy to its Privacy Officer.

I understand that I may request the Clinic's and CENTRIC™'s Privacy Officer to allow me to review my personal information, and that I may contact the Privacy Officer to challenge the Clinic's and CENTRIC™'s compliance with its Privacy Policy and applicable Privacy Legislation. The Clinic's Privacy Officer is Ginny Paterson, and CENTRIC™'s Privacy Officer may be contacted at 1-888-481-7802.

I have read and understood this consent form. I hereby give St. Catharines Physiotherapy Centre and CENTRIC™ permission and consent to maintain personal information already on file with the Clinic and CENTRIC™, pursuant to its Privacy Policy, and assign to the Clinic and ACTIVE and its agents, past, present and future collections, uses, and disclosures of my personal information for the purposes set out in The Clinic's and CENTRIC™'s Privacy Policy. I understand that my consent may be revoked in writing as outlined in The Clinic's and CENTRIC™'s Privacy Policy.

Patient Name	Signature	Date
Witness Name	Signature	Date