



Physiotherapy

WELCOME TO OUR CLINIC!

During your first appointment, you will be assessed by a registered physiotherapist. In order to make an accurate diagnosis, your physiotherapist must be able to see the area of concern, so you may be asked to change into a gown or a pair of shorts. Please wear comfortable clothing to future treatment sessions so that you may fully participate in your treatment.

Payment for your treatment:

- Grand River Physiotherapy is privately owned by registered physiotherapists. OHIP will not cover the cost of your treatments. You may pay for treatment on your own, through your extended health benefits plan, using your automobile insurance, or through the Workplace Safety & Insurance Board (WSIB). **If these sources refuse to pay for your treatments, you will be responsible for full payment.**
- **Payment is due on the day you receive treatment. You will be billed at the end of each week for any treatments that have not yet been paid.**
- **After 15 days your account will be deemed overdue, and may be submitted to a Collections Agency if payment is not directly forthcoming.**

Cancellation:

Cancellations create scheduling difficulties for other patients. We respectfully request that you provide a minimum of 24 hours notice if you must cancel or change your appointment, otherwise a \$25.00 cancellation fee will be charged. initial

Privacy:

Your privacy is important to us! We will ensure that your personal information is kept confidential. We may contact you via email or text message regarding your appointment or via mass email for communication purposes only. initial Grand River Physiotherapy does not disclose, sell, or transfer your personal information to third parties. Please let us know if you do not wish to receive communications or emails/texts messages regarding your appointments and we will remove you from our list. Should you have any questions concerning our privacy policy, please do not hesitate to ask.

Please note that the supervision of children in the clinic is the sole responsibility of the parent or guardian.

Consent:

I have read and agree to adhere to the terms above. I consent to be treated.

Client signature

Date

Witness

Parent/Guardian if under 18

Date

Witness