Your Privacy is Important to Us

Privacy of your personal information is an important principle at Meridian Spine & Joint / Active Joint Physiotherapy. Meridian Spine & Joint/Active Joint Physiotherapy are committed to keeping your personal and health information safe and confidential. We have a strong policy and procedure in place to protect the privacy of your information.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

What Type of Information Do We Collect About You?

To provide you with quality health care, we collect both personal and health information from you. Your name, date of birth, address, health insurance numbers and your employer are examples of personal information. Your health history, the records of your visits to the Centre and what health care we provide to you during those visits are examples of your health information.

How is Your Information Used?

The information we collect from you is used to:

- Provide you with quality health care and follow-up care in the community.
    - To deliver safe and efficient patient care.
    - To identify and ensure continuous high quality service.
    - To assess your health records.
    - To provide health care.
    - To advise you of treatment options.
    - To allow us to efficiently follow-up for treatment, care, and billing.
    - To complete and submit claims for third party adjudication and payment.
    - To invoice for goods and services.
    - To process credit card payments.
    - To collect unpaid accounts.
- Establish and maintain communication with you.
- Carry out quality assurance to help make us better.
    - To permit potential purchasers, practice brokers or advisors to evaluate the practice.
- See how we are doing – through patient satisfaction surveys.
- Comply with legal and regulatory requirements.
- Notify you of community health seminars, health and wellness information, and service options and new programs.
    - To allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments.
- Communicate with other members of your health care team.
    - To communicate with other treating health-care providers, including specialist and family doctors who are the referring doctors.
- For teaching and demonstration purposes on an anonymous basis.

If your information were to be used for any other purpose, your specific permission would be required first.

Meridian Spine & Joint physiotherapy

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Do We Share Your Information with Anyone?
Meridian Spine & Joint/Active Joint Physiotherapy does share your personal and health information with your family and/or referring physician, who are part of your health care team for the purpose of your continuing care. Your information is shared with agencies that fund your care, for example, health insurance companies or the Workplace Safety and Insurance Board.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

If you have any questions or concerns about how we collect and share your personal or health information contact our Privacy Officer, Taylor Field at: Telephone: (519) 439-2977 Email: tfield@meridianhearingcentre.com

Meridian Spine & Joint physiotherapy

PATIENT CONSENT AND RELEASE OF INFORMATION APPROVAL

I have reviewed the above information that explains how your office will use my personal information, and the steps that your office is taking to protect my information.

I know that your office has a Privacy Policy, and I can ask to see the Policy at any time. I agree Meridian Spine & Joint and/or Active Joint Physiotherapy can collect, use, and disclose personal information about

_____ as set out above in the information about the office's Privacy Policy.
<print patient name>

I hereby also specifically authorize the Meridian Spine & Joint and/or Active Joint Physiotherapy Centre to release and receive any pertinent medical information concerning:

Patient Signature (Required for Relevant Items Checked)

□ **Insurance Company:**	_____	_____
□ **Ministry of Health & Long Term Care (MOHLTC)**	_____	_____
□ **Physician:**	_____	_____
□ **X-Rays:**	_____	_____
□ **Medical Reports**:	_____	_____
□ **WSIB:**	_____	_____
□ **Employer:**	_____	_____
□ **Self:**	_____	_____
□ **Other:**	_____	_____

Email Address: Home _____ Work:_____

Patient Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(if patient is under the age of 18)

Witness Signature: _____ Date:_____

V: 20-Mar-14

Dear Patient:

The associates and staff of the Meridian Spine & Joint Physiotherapy appreciate your visit. We are glad that you have chosen us for your physiotherapy/massage therapy care!

PAYMENT POLICY

It is important to us that you are aware and agreeable to our payment policy prior to beginning treatment as we want you to be well informed and comfortable.

Please read carefully:

Meridian Spine & Joint Physiotherapy is a private practice. We rely on payment from many of the funding sources of payment for your care.

- Patient direct payment
- Motor Vehicle Accident Insurance
- Extended Health Care Insurance
- Disability Insurance
- Veteran's Affairs
- Workplace Safety & Insurance Board
- Employer direct payment
- Other

Payment will be due from you at the end of each treatment session unless you have a third party payer who has agreed to pay directly for your care. You will be issued a receipt for each treatment session.

We encourage you to investigate your extended health care insurance coverage. In most cases all or part of your physiotherapy costs will be covered by the company (eg. London Life, Sun Life, Blue Cross, Green Shield). Patient reimbursement may also come from Motor Vehicle Insurance (including no-fault coverage) or from some special government funding or health care agencies, or the Workplace Safety & Insurance Board (WSIB). In the event, your third party payer/insurance/OHIP does not cover the cost of your treatment, this is to acknowledge that you will be responsible for payment directly to Meridian Spine & Joint Physiotherapy / Meridian Active Joint Physiotherapy.

In accordance with our cancellation policy, we require 24 hours notice if you are unable to keep your appointment. If we do not receive 24 hours notice, you will be charged for the missed appointment and be expected to pay directly. Third party payers do not pay for missed appointments.

If you would like us to help you complete your insurance/third party forms, please bring your forms in and our Patient Service Coordinator will be pleased to provide assistance.

Meridian Spine & Joint Physiotherapy has the following policies endorsing client rights.

- Confidentiality of information
- Privacy
- Freedom from; Abuse, financial or other exploitation, retaliation, humiliation and neglect

- Access to information pertinent to the person served in sufficient time to facilitate his or her decision-making
- Informed consent or refusal or expression of choice regarding; service delivery, release of information, concurrent serves, composition of the service delivery team, involvement in research projects, if applicable
- Access or referral to legal entities for appropriate representation
- Access to self-help and advocacy
- Adherence to research guidelines and ethics when persons served are involved, if applicable
- Investigation and resolution of alleged infringement of rights

Patient Responsibilities include
- Attend appointments when set
- Work toward full restorative care putting in very reasonable effort to get healthy
- Following our safety regulations (see below)

SAFETY REGULATIONS

It is important to us that you are aware of and adhere to the following safety regulations while in the clinic offices. Please read and acknowledge with your signature the following safety regulations.

For your personal safety, the safety of our staff, and others in the clinic.

1. No open toe shoes or socks. Appropriate footwear should be worn at all times. Outdoor footwear is not allowed for hygiene reasons.
2. In accordance with the Ontario Smoking Statutes – the clinic is a non-smoking environment.
3. We encourage you to turn off your cell phone while in the clinic. If it is essential that your cell phone is on:
    a. Please stop all exercising and dismount from any exercise equipment to answer it – you may not be on exercise equipment while on your cell phone.
    b. Exit the gym area and take/make the call in the Patient Waiting Area.
4. The use of gym equipment may be required as part of your treatment program. Access to equipment is strictly limited to the equipment designated in your treatment program by your therapists. As treatment progresses, new equipment will be introduced.
5. Vulgar language is not permitted. Patients and people in the clinic must be treated with respect.
6. Weapons or anything that could be construed as a weapon may not be brought into the clinic.
7. If you are suspected of using or possessing illicit drugs or being under the influence or alcohol, your physician will be contacted and advised that treatment could not be provided. A warning will be given to you advising that you will be discharged if this behaviour carries on. If the individual is a minor the parent of guardian will be notified.
8. It is our policy that in the case of a medical emergency, 911 will be contacted and all means of resuscitation will be administered (unless we have been otherwise directed in writing).

I have reviewed and understand this information. _____

Signature of New Patient

_____ _____

Date Witness

Meridian Spine & Joint physiotherapy

OUTCOME MEASURES SCORE SHEET

Name: _____

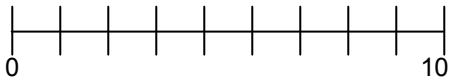
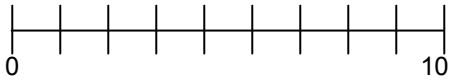
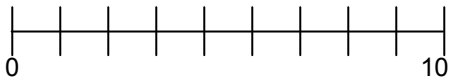
Date: _____

Patient Specific Functional Score

This form will help us to keep track of your progress in your rehab program.

1. Please list three activities with which you are having difficulty due to your present problem.

2. Rank each activity on a scale from 0-10 with 0 meaning the task causes too much pain and you are unable or unwilling to do the task. 10 means you are able to do the task with no problems at all.

Activity	Score 0 – Unable 10 – No Difficulty
1.	
2.	
3.	

For Admin Only:

Rolland Morris _____ DASH _____

LEFS _____ NDI _____

NPFS _____