

## **CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL OR PERSONAL HEALTH INFORMATION**

It is important to Pilates Pro to maintain the protection of your personal or personal health information as this is required by law. We are committed to collecting, using and disclosing personal or personal health information responsibly and only to the extent necessary for the services we provide.

Please read the following which will explain the purposes for which Pilates Pro will collect, use or disclose your personal or personal health information. Under College of Physiotherapist's guidelines, this is necessary as your consent must be given freely. You must also understand that you are able to withhold consent or may withdraw your consent at any time.

### **THE PURPOSES FOR THE COLLECTION, USE AND DISCLOSURE OF YOUR PERSONAL OR PERSONAL HEALTH INFORMATION BY PILATES PRO INCLUDE:**

- To provide assessment, treatment and expected outcomes that may be shared with the payers (insurance company) and the referral source (your doctor/nurse practitioner).
- Pilates Pro may also collect, use or disclose your personal or personal health information where required by law to do so.

I acknowledge that I have been made aware of the reasons why my personal and personal health information is needed. My consent is indicated by my signature below and is valid for twelve months unless I decide to withdraw my consent.

I, \_\_\_\_\_ consent to the collection, use or disclosure of my personal or personal health information for the purposes described above.

\_\_\_\_\_  
Signature of client or authorized representative      Date

### **CONSENT TO ASSESSMENT AND TREATMENT:**

I also give my consent for the assessment and treatment provided by the staff at Pilates Pro. I understand that the physiotherapy techniques proposed and exercise components suggested will be explained to me throughout the treatment plan. I may withdraw my consent for treatment at any time by informing my treating clinician.

\_\_\_\_\_  
Signature of client or authorized representative      Date