



Information Consent

We would like your consent. We want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information obtained from you. If you have any questions regarding any of the following information please do not hesitate to ask.

Consent for Treatment

I have read and understand all of the associated forms, answered them truthfully and to the best of my knowledge, and fully consent to treatment at Balance Integrated Healthcare™. I understand that there is a 24-hour cancellation policy and if I fail to notify the clinic I may be charged for my session.

I also understand that the healthcare practitioners working at Balance Integrated Healthcare™ are independent contractors and I will address any concerns about my treatment directly with my therapist.

Consent for the Cost of Our Services

I understand that I am being charged by Balance Integrated Healthcare™ for the time with a therapist which may include but is not limited to: assessment; treatment; lifestyle counselling; and homecare prescription.

Consent for Personal Information

I understand that in order to provide me with the services I am seeking, Balance Integrated Healthcare™ will collect some personal information about me (i.e. contact information, health related information)

I have been given the chance to review Balance Integrated Healthcare's™ privacy policy about the collection, use, and disclosure of personal information, the steps taken to protect the information, and my right to review my personal information. I understand how the privacy policy applies to me. I have been given the chance to ask any questions about the privacy policy and they have been answered to my satisfaction.

I understand that, as explained in Balance Integrated Healthcare's™ Privacy Policy, there are some rare exceptions to these commitments.

I hereby agree to Balance Integrated Healthcare™ collecting, using, and disclosing my personal information only with my expressed written authorization, or where required or permitted by law.

Signature

Name (please print)

Date

Notes (of ce use only)
