

Patient Registration and Consent to Collect, Use, Disclose

First/Last Name: _____ / _____	Phones: h) _____ c) _____	
Address: _____	City/Province: _____ / _____	
Postal code: _____	PHN: _____ - _____	Province Issued: _____
DOB (Y/M/D): ____/____/____	Current Age: _____	Gender: _____

Emergency Contact Person: _____	Phone: _____
<small>Name</small>	<small>Relation</small>
Family Physician: _____	Phone: _____

All appointment reminders are via text or email. By filling in the following, you are indicating you would like to receive reminders and are aware of the risks of texts/emails (i.e. confidentiality risks). Please check which option is preferred. If neither, you will **not** receive appointment reminders.

Text to this number: _____ Email to this address: _____

Patient Advisement for the Collection, Use and Disclosure of Health Information

The Glen Sather Sports Medicine clinic collects, uses and discloses registration and health information for the purposes of providing health services, and to assist in the continuity of care as deemed reasonable. The information is being collected under the authority of the Health Information Act (HIA) and in accordance with the Freedom of Information and Privacy Protection Act (FOIP). The provisions of the HIA/FOIP protect your privacy and the confidentiality of your information. HIA provides for sharing of patient information between custodians when contributing to the continuing care and treatment of the patient.

Should you attend the Clinic for assessment and treatment related to a work related injury, the Clinic, under contract with the Worker's Compensation Board (WCB), must report your injury to the WCB, and will share your medical information with the WCB as it pertains to the injury in question. Should your claim be denied by WCB, you will be responsible for paying all physiotherapy assessment and treatment costs through the Glen Sather Sports Medicine Clinic.

If you have any questions about the collection and use of your personal/health information, please contact the Privacy Officer at the Glen Sather Sport Medicine Clinic at 780-407-5189.

Missed appointments and short notice cancellations result in inefficient use of healthcare provider resources. In an effort to decrease the incidence of these occurrences, a \$50.00 fee for any missed appointments and those appointments cancelled without 24 hours notice may be levied.

Your signature below indicates you understand and comply with the above statements.

*Patient Signature: _____ Date: ____/____/____
Y/M/D

*If patient under 18 and accompanied by a guardian, the guardian should sign.