

**Kinesiology Services Informed Consent  
For Assessment, Treatment, Fees and  
The Collection, Use & Disclosure of Personal Information**

It is necessary for you the client to give your informed consent to receive kinesiology assessment & treatment services, accept the costs involved and for the collection, use and release of your personal information. I(We) want you to understand the services provided, the costs involved and what happens with the personal information obtained or created about you by us.

**Consent for Assessment & Treatment**

Kinesiology may involve the use of a variety of physical fitness evaluation and treatment techniques along with various procedures and modalities used to assist in improving your health and functional ability. As with all forms of medical treatment, there are benefits and risks involved with this type of treatment. Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to any given component or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions. You will be informed of (and have the right to ask) what type of treatment is being planned based on your history, diagnosis, symptoms and assessment findings. You may also request additional detail regarding the potential risks and benefits of a specific treatment might be if the initial explanation is unclear to you at any time. You have the right to decline any portion of your treatment at any time before or during your treatment sessions. Therapeutic exercises are an integral part of most treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding any part of your treatment, including any exercise and the possible risks or side effects that may be associated, it is important you advise the kinesiologist of your concerns at the earliest opportunity.

**Consent for Service Costs**

Please ask to see the fee schedule if you are unable to see it. The schedule details the fees for individual appointment sessions, assessment, reports and the cost to obtain copies of your records should you wish to do so. The fees charged are typically based on time but can vary depending on they the type of treatment or assessment you are receiving and whether or not treatment is delivered on site (clinic location) or off site (at your home or other location). If no insurance company or other third party payer agrees to cover the services provided, you are responsible for paying the full amount of those services at the time service is rendered.

**Consent for the Collection, Generation and Disclose of Personal Information**

Pursuant to the Personal Information Protection Act of BC (PIPA-BC) I am (We are) responsible for the security and privacy of your personal information under my (our) control. A Corporate Privacy Policy is in place and details what information is maintained, how long it is maintained, how the information is secured and how the information is disposed of. If you would like to review the complete "Corporate Privacy Policy" to obtain additional details on the collection, generation, use, release and disposal of your personal information, you may request to view a copy and one will be provided to you.

