CLINIC CONSENT POLICY - REVIEWED AND DISCUSSED

PRIVACY AND PERSONAL INFORMATION

To provide you with appropriate care, we collect, use, and, when necessary, disclose your personal and health information. This may include sharing relevant information with your physician, other health care providers involved in your care, insurers, employers, case managers, legal representatives, or other authorized agencies for the purposes of treatment, care coordination, payment, or as required or permitted by law. Your information is collected, used, stored, and disclosed in accordance with applicable privacy legislation. _____ **Initial**

FEES: PAYMENT OF ACCOUNT

Payment is due at time of service. If a third-party payer (Extended Health Benefits, Motor Vehicle Insurance, or Workers' Compensation) denies or does not pay all or part of your claim, you are responsible for outstanding balance. _____ **Initial**

DIRECT BILLING TO EXTENDED HEALTH PROVIDERS

As a courtesy, direct billing may be offered, however, is **not guaranteed**. Direct billing may be available **only if**:

- A valid credit card is kept securely on file; and
- Your insurance provider allows direct billing for your specific plan and services

If you choose not to keep a credit card on file, or if direct billing is unavailable or declined, payment in full is required at the time of your appointment. If applicable, you may then submit your receipt to your insurance provider for reimbursement.

We cannot verify or guarantee your coverage. It is your responsibility to know your plan benefits, including co-payments, deductibles, annual maximums, and remaining coverage. Any portion of your treatment not paid by your insurance provider remains your responsibility. _____ **Initial**

ATTENDANCE POLICY

Your appointments hold significant importance for our team members, as they are exclusively reserved for you. To ensure fairness and improve access to appointments, a strict Attendance Policy is in place. We value your time and appreciate your understanding in respecting ours.

Same-day cancellations, Same-day reschedules or no-shows will be charged 100% of the scheduled service fee. Cancellations, Rescheduling made the day before your appointment, including messages received after hours or on Sundays, will incur a $50 charge. These charges apply to every occurrence, regardless of the reason. _____ **Initial**

Cancellations or alterations made via email, text message, and voice mail alone are not considered confirmed. Please speak directly to our receptionist about any changes. _____ **Initial**

Choosing not to attend an appointment due to insufficient coverage or affordability is considered a late cancellation and is subject to our cancellation policy. _____ **Initial**

VIDEOS AND TREATMENTS

To protect the privacy & confidentiality photography and video recording are not permitted _____ **Initial**

ZERO TOLERANCE POLICY

We are committed to providing a safe, respectful, and professional environment for our clients, visitors, and staff. Abusive, threatening, aggressive, discriminatory, or inappropriate language or behaviour toward anyone in our clinic will not be tolerated. Any individual engaging in such conduct may be asked to leave immediately, have services discontinued, and/or be reported to the appropriate authorities when warranted. _____ **Initial**

My signature below confirms that I have read, understood, and agree to the policies, terms, and conditions outlined above. This authorization and consent remain valid for the duration of my course of treatment with Lime Health & Wellness and will continue until I am discharged from care, unless revoked by me in writing or a new consent is required.

Patient Printed Full Name

Patient Signature Full Name

DATE_____