PHYSIOOUTAOUAIS

 # File _____

Patient File Update and Consent Validation

Patient Name	Date (YYYY / MM / DD)

REASON FOR UPDATE

☐ Time elapsed since last update ☐ Change in patient situation ☐ New episode of care
☐ Policy or legislative update ☐ Authorization to share information with a third party

A — Contact Information — Please update your information

Address	City	Postal Code

Home Phone	Cell Phone	Other

Email	Date of Birth (YYYY/MM/DD)

Emergency Contact — Name	Emergency Contact — Phone

C & D — Clinical Information and Health Status

Have there been any changes to your clinical situation since your last visit (referring physician, health insurance number, reason for consultation, etc.)? ☐ No ☐ Yes, please specify:

Have there been any changes to your health status since your last visit (new conditions, medications, surgeries, allergies, etc.)? ☐ No ☐ Yes, please specify:

E — Consents — Confirmation and Validation

☐ **Collection and Use for File Management**
I confirm and reiterate my consent for PhysioOutaouais to collect and use my personal and health information to manage my care, create and maintain my physiotherapy file, and monitor my treatments.

☐ **Disclosure of Records — Physician, Employer, CNESST / SAAQ / WSIB**
I authorize PhysioOutaouais to send a copy or report of my file to the following individuals or organizations:
☐ Physician(s) ☐ Employer ☐ CNESST / CSPAAT / SAAQ ☐ Other:
This authorization is valid for the duration of the current episode of care. Any other use for another purpose will require your explicit consent.

☐ **Third Party Records Request Authorization**
I authorize the following institution: to forward the following file or information to PhysioOutaouais:

Consent Notice — Personal Information Protection

Your information is handled in accordance with the *Act respecting the protection of personal information in the private sector* (Law 25) and the *Act respecting health and social services information* (Law 5). For more information on how we collect, use, and protect your personal information, please consult our **Privacy Policy**, available at the front desk and at physiooutaouais.ca. You may modify or withdraw your consent at any time by contacting our privacy officer at info@physiooutaouais.ca or by speaking directly with your physiotherapist. Modifying or withdrawing certain aspects of your consent may impact the services we are able to provide. Your consent may be re-validated periodically in certain situations: changes to the purposes of collection or use, updates to our Privacy Policy, significant changes to your file, or a significant amount of time elapsed between your visits.

Consent to Care: Consent to physiotherapy care is validated verbally by your physiotherapist when explaining any new treatment plan or any modification to the existing plan.

I declare that the information provided in this form is complete and accurate to the best of my knowledge.

Patient Signature (14 years or older)	Date (YYYY / MM / DD)

Authorized Parent or Guardian Signature (if applicable)	Relationship to Patient