

Shamala Manilall BSc., O.T.(c)
Occupational Therapist
shamalamanilall@gmail.com
 Cell: 825 888-3024
ACOT Registration #: 3428

**Consent for Occupational Therapy Services, Release of Information and
 Confidentiality Agreement**

Client's Legal Name		Date of Birth	
1.Guardian if minor		2.Guardian if minor	
Street Address:			
Phone Number:		Home Language:	
Referred By:		Family Doctor	

Please read the following carefully. If you need further clarification the Occupational Therapist (OT) will help you at your first session. Please let your OT know if you need this form to be interpreted in a different language. By signing your name at the bottom of this document you agree that you understand and have agreed to the terms and conditions of this document.

Services

Occupational Therapy enables participation in daily and meaningful activities. Your referral to Occupational Therapy may involve one or a combination of the following: *Screening, Assessment, Goal Setting, Intervention, Progress Monitoring, Referral to another healthcare professional.*

The above services can occur in different environments including Online Therapy (Teletherapy), In-person (office/home), at the therapist's discretion as well as current health protocol. Online therapy is at your own risk and can include benefits and risks. Consult your OT for more information. Intervention could also mean new, changing or worsened symptoms and challenging yourself to work through these. All due precautions are taken to avoid injury during therapy. However, clients (child/caregiver, adult, youth) participate at their own risk and cannot hold the Therapist responsible for any injury or damage during or after therapy.

Confidentiality

Anything you disclose within the sessions will be kept confidential. However, the exception to this rule is in the event that you are at risk or in danger to yourself or others. It is also helpful to share your progress with your family doctor as well as the referring professional. I may also request information to support your therapy from other professionals that you have seen or are currently seeing.

Fees and Payment

Occupational Therapy fees are \$120 per hour. Services and supports can be DIRECT (working with the client in-person or online) or INDIRECT (report writing, requisitions for specialized equipment, consultation with other disciplines etc.,) and fees are adjusted accordingly. Payment is made to the OT at the end of each session and an invoice is submitted via email which can then be forwarded to the relevant service provider.

I hereby consent to Occupational Therapy services. I understand that I am free to withdraw consent or terminate supports and services at any time.

I consent to the collection of and/or disclosure of mine or my child's personal and health information and records to other health care professionals or organisations, for the specific purpose of enhancing mine or my child's physical, emotional, cognitive, or spiritual well-being.

Signed:(Guardian if client is a minor) Date:

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