



CARING HANDS PHYSIOTHERAPY

WCB PATIENT RIGHTS AGREEMENT

RESPONSIBILITIES TO YOU THE CLIENT

1. A safe, clean environment for your rehabilitation.
2. We shall respect your dignity, needs, wishes, and values.
3. We may not refuse care to you based on the grounds of race, religion, ethnic or national origin, age, sexual orientation, social or health status.
4. We will respect your right to be informed about the effects of treatment and inherent risks.
5. We will give you the opportunity to consent to or decline treatment or alterations in the treatment regime.
6. We will assume full responsibility for all the care we provide.
7. We will not treat you when the medical diagnosis or clinical condition indicates that the commencement or continuation of physiotherapy is not warranted or is contraindicated.
8. We shall respect all your information as confidential. Such information shall not be communicated to any person without your consent except when required by law.
9. We shall request consultation with, or refer clients to, colleagues or members of other health professions when, in the opinion of the physiotherapist, such action is in your best interest.
10. Your physiotherapist, with your or your surrogate's consent, may delegate specific aspects of your care to a person deemed by your physiotherapist to be competent to carry out the care safely and effectively.
11. Your physiotherapist is responsible for all duties they delegate to personnel under their supervision.

If you at any time feel your rights have been violated discuss it with your therapist. If you are uncomfortable doing so, ask any staff member to see the clinic director. Within a 24 hours period your concern will be addressed.

The undersigned affirms that I have read, asked about, and received satisfactory explanation of any part of this document that I did not understand.

Signature: _____

Date: _____