

Dmitro Jovnyruk Manual Therapy  
647-625-5059  
dmitrotherapy@gmail.com

## **PATIENT CONSENT FOR TREATMENT**

*All information collected will be kept strictly confidential according to PHIPA guidelines*

I, \_\_\_\_\_, give consent for Dmitro Jovnyruk to assess and treat me within his scope of practice as a student of osteopathic manual therapy. I understand that Dmitro is currently in his fourth year of education at the Canadian Academy of Osteopathy, and continuing his training to become an Osteopathic Manual Practitioner. I acknowledge that I cannot claim any treatment fee with my private insurance as Dmitro is not yet a member of an accredited osteopathic association and will not be eligible until his graduation, and he is ***unable to provide receipts*** for any fees associated with treatment he provides.

I am aware that Dmitro cannot diagnose and treat medical conditions, and that ***I have disclosed any diagnoses or conditions*** that may make it unsafe for me to be treated and will discuss any changes in my condition with him. I understand that osteopathic therapies are ***not a substitute for medical assessment and treatment*** from a physician, and that it is recommended that I consult with my family doctor for any physical or mental illness or ailment.

I acknowledge that along with the benefits of osteopathic manual treatment, there are possible reactions (headache, muscle and joint aches, soreness, or discomfort) which may last up to 72 hours after treatment.

I may withdraw my consent to all or any part of treatment by notifying Dmitro verbally or in writing at any time, even in the middle of treatment.

### **Expectations of Your Practitioner**

1. Practitioner will be on time for patient's appointments and if late by more than 5 minutes, the appointment will be of no charge to the patient.
2. Practitioner will provide a well-kept and clean treatment environment.
3. Practitioner will maintain proper hygiene and not use any strong scents i.e. cologne.
4. Practitioner will be respectful, honest and transparent with the patient.
5. Practitioner has the right to end the treatment at any time, at no charge to the patient.

### **Expectation of You, the Patient**

1. Patient should arrive 10 mins early and at the latest, arrive on time. If patient arrives late, the patient's treatment time will not be extended. This is done for respect of following patients' appointments.
  - The practitioner has the right to cancel the appointment for anyone more than 10 minutes late, cancellation less than 12 hours, or failure to appear for the appointment. If this occurs, the practitioner has the right to bill patient for the full amount.
2. Patient will come wearing appropriate clothing, including socks.
3. Patient will maintain proper hygiene and not wear any strong fragrances to the appointment.
4. Patient will refrain from performing any strenuous activity for 24 hours after appointment.
5. Payment will be made in full (\$40), at the end of treatment.

*By signing below, I acknowledge the practitioner expectations and agree to the patient's expectations:*

Name:	Phone number: (____) ____ - _____
Signature:	Date (MM/DD/YYYY): ____/____/____