



**CONSENT FOR EVALUATION / ASSESSMENT / TREATMENT**

I hereby consent to and authorize Vital Steps Inc., its affiliates, partners, physicians, employees and/or contractors (the "Staff") to perform a consultation, assessment, physical examination and/or medical treatment as the Staff may deem necessary. Treatment may include, without limitation, any required examination, medical, diagnostic or laboratory tests and procedures (i.e. Assessment(s)) ordered by the staff professional (i.e. trainer, physician(s)) to be performed by the designated Vital Steps/MedFit Rehab staff. I understand I may refuse services at any time. If I am presenting to Vital Steps/MedFit Rehab for non-regulated substance abuse testing, I voluntarily consent to and authorize Vital Steps/MedFit Rehab to obtain a specimen of my urine, blood, saliva, breath, hair and/or other specimen, to determine the presence of drugs and/or alcohol. I understand that certain special medical exams such as physical exams (e.g. fitness for duty, school or sports) and other services are not intended to diagnose medical conditions, determine treatment needs, or replace the medical care of my personal physician.

**CONSENT TO USE AND DISCLOSE INFORMATION / RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I understand that Vital Steps or MedFit Rehab desires that I be fully informed about how my protected health information will be used and disclosed. I acknowledge that I have reviewed or have been given an opportunity to review the Vital Steps or MedFit Rehab Notice of Privacy Practices. I may ask for a copy of the notice. I acknowledge that I understand how my information will be used and disclosed, and give my voluntary consent to Vital Steps or MedFit Rehab to use and disclose my protected health information for reasons as allowed or required as explained in the Notice.

**ASSIGNMENT OF BENEFITS / FINANCIAL RESPONSIBILITY AGREEMENT**

- If applicable, where I have insurance coverage to pay for services rendered, I hereby authorize and assign to Vital Steps/MedFit Rehab any and all payments under the terms of my applicable insurance policies, and hereby obligate each payer to make payment directly to Vital Steps/MedFit Rehab for services rendered. If applicable, where I am treated on a private pay basis I understand I am responsible for payment of services in full. I have a right to ask for the charge amounts before electing treatment.
- If applicable, where I am treated for a workers' compensation injury or illness Vital Steps/MedFit Rehab will seek payment from the responsible payer, which is typically the employer or the employer's workers' compensation insurance carrier, in accordance with Ontario, Canada compensation laws.
- If applicable, for employer directed or required services (e.g. drug testing, physicals, medical surveillance) Vital Steps/MedFit Rehab will seek payment from the employer. Individual patients may be responsible for payment only as allowed by Provincial or Federal laws.
- Where applicable, I understand that I am responsible to pay for deductibles, copayments and other charges in accordance with my benefit plan and determinations made by health insurance carriers, or charges determined by Province of Ontario or Federal workers' compensation programs, or your employer as allowed by law. Should my account be referred for collection, I understand that I may have to pay collection expenses incurred by Vital Steps/MedFit Rehab, without limitation, court costs and attorney's fees as allowed by law.

By signing this form I acknowledge that I have read and/or had the notice explained to me and I fully understand its contents. I have been given ample opportunity to ask questions, and any questions have been answered satisfactorily.

**SIGNATURE** Client Signature:

\_\_\_\_\_ Date: \_\_\_\_\_  
Client

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_