

CONSENT TO PROVIDE MEDICAL SERVICES

Clinicians working at [Mark Reavy Inc.](#), assess, investigate, recommend options for, and treat patients. Patients may accept or decline recommended options for treatment. By signing this document, the patient consents to all assessments, investigations, and accepted treatments performed by clinicians at [Mark Reavy Inc.](#)

PATIENT DUTY TO INFORM

The patient agrees to inform [Mark Reavy Inc.](#), of changes to medications, pregnancy, or any other significant health change or event upon their next appointment.

MYOACTIVATION NEEDLING TREATMENTS

The intended effect of myoActivation is to improve overall quality of life by reducing pain and/or improving biomechanical function. The myoActivation treatment involves inserting hypodermic needles into muscular, fascial, or other soft tissue and includes the injection of saline solution. More information about myoActivation is available at www.anatomicmedicine.org All needling treatments present risks. At the time of treatment, risks include minor bleeding at a needling site, pain during treatment, sweating, nausea, and dizziness. Rarely, patients may experience vomiting and/or fainting. Risks after treatment may include a bruised sensation, visible bruising (ecchymosis), soreness, fatigue, localized bleeding into soft tissues (hematoma), numbness or tingling near a needling site, pain flare-up, and local skin irritation. Very rare treatment complications include infection, pneumothorax (abnormal collection of air or gas in the space that separates the lung from the chest wall), allergic reaction, worsening of pain, and damage to underlying structures.

PRIVACY OF RECORDS

The patient understands that their medical records will be dealt with in accordance with the Personal Information Protection Act (PIPA).

COMMUNICATIONS

The patient authorizes [Mark Reavy Inc.](#), and its employees or agents to use email, telephone and/or cellular phones, for communication regarding appointments, responses to patient inquiries. The patient understands that such communications may not be secure. If any information is received by a third party, it may no longer be protected by privacy legislation and may be disclosed by the person or entity that receives it.

GOVERNING LAW AND JURISDICTION

The patient hereby agrees that the relationship and the resolution of any and all disputes arising from any investigations and treatment at [Mark Reavy Inc.](#), by the providers there shall be governed by and construed in accordance with the Laws of the Province of British Columbia and that the courts of the Province of British Columbia shall be the exclusive jurisdiction to entertain any complaint, demand, claim and cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment or investigations.

CONDUCT

[Mark Reavy Inc.](#), is committed to providing its staff with a safe, civil and respectful workplace. The patient acknowledges that the clinic may discontinue health services if the patient harasses, threatens, shows violent conduct, violates clinic property or shows other inappropriate conduct.

CANCELLATION AND NO-SHOW POLICY

We require 24-hour notice for appointment cancellations and changes. Late cancellations or failing to attend an appointment will result in a fee. Patients may not be permitted to book an additional appointment until this fee has been paid. Please note that we offer appointment reminders as a courtesy and it is the patient's responsibility to maintain their appointment time, regardless of whether a reminder is received.

RESEARCH AND QUALITY IMPROVEMENT

[Mark Reavy Inc.](#), may contact the patient for research or quality improvement purposes. The patient may decline participation at any time.

PATIENT OR GUARDIAN

Patient or Guardian Full Name (printed)

Signature

Date

Witness