Rehab Health

EXPECTATIONS FOR MINISTRY OF HEALTH FUNDED PHYSIOTHERAPY

Qualification Criteria: To be eligible for physiotherapy services funded under this program, a person must, have sustained a new illness, injury, fall, accident, surgery, or flare-up of a previous condition leading to decreased function or mobility and fall within one of the of the following categories:

- Insured under OHIP and 65 years of age or older.
- Insured under OHIP and 19 years of age or younger.
- Insured under OHIP and was discharged from a hospital after an overnight stay and requires physiotherapy for the related condition.
- Insured under OHIP and discharged from a hospital following outpatient/day surgery and requires physiotherapy for the related condition.
- Approved for funding under ODSP.
- Approved for funding under Ontario Works Program.

Our Physiotherapy Services are in very high demand and therefore patient co-operation and participation is essential. Non-compliance on your behalf sacrifices someone else's opportunity for treatment. Your complete commitment is necessary in order to obtain the full benefits of your therapy. Below are the program expectations:

1) I understand that the Ministry of Health funded physiotherapy stream provides coverage for the completion of a short term treatment plan wherein patients must be discharged once therapeutic goals have been achieved, when equivalent gains could be achieved through a home exercise program, or when no further gains are likely to be achieved through physiotherapy services. This generally averages out to 7 visits (1 assessment, 5 treatments and 1 reassessment) per episode of care. If I desire further treatment after reaching my agreed upon short term treatment goals for the condition in question, the Saint Elizabeth Rehab Health staff will discuss my options with me, including switching to the private funding stream.
2) I understand that all costs associated with treatment are billed directly to the Ministry of Health. Any equipment required to be purchased for home use, however, is the responsibility of the patient.
3) I recognize the importance of attending my appointment on time, and staying for the duration of appointments.
4) I understand that if I am more than 10 minutes late for my appointment that it may be cancelled for that day and rescheduled at the next available time.
5) I commit to attending all appointments as scheduled. I understand that if I am unable to attend, I must cancel at least 24 hours prior to appointment.
6) If I fail to inform the clinic that I am unable to attend a scheduled appointment it will be considered a no-show and will count as one of my visits.
7) I am aware that it is my responsibility to contact Saint Elizabeth Rehab Health to book/rebook my appointments.
8) I understand that the successful completion of my treatment includes the completion of an outcome measure at the beginning and end of the treatment plan.
9) Two consecutive un-notified absences or a gap in treatment of more than 2 weeks without notifying staff will result in immediate discharge. I am aware that my physician will be notified of my discharge status by the treating therapist. I recognize the importance of my regular participation in my exercise program and will endeavor to fulfill my obligations. A home exercise program will be provided by the Therapists and will be reviewed on an ongoing basis. Failure to comply with my home exercise program may result in discharge.

I _____ understand the program expectations outlined above, and agree to follow these policies throughout the duration of my rehabilitation.

Signature _____ Date _____