

**Client Informed Consent and Release:**  
Use of Personal Data for Educational Purposes

**Please carefully read and sign this form.**  
**Any questions should be directed to the session instructor before signing.**

Client Name: \_\_\_\_\_

Client contact phone number: \_\_\_\_\_

I hereby provide this informed consent and release (this "Consent and Release") for iNeuroRehab to make, store, and use personal data of myself and my medical condition including video recordings, photography, and medical records, for use in educational settings as set out below.

1. For good and valuable consideration, the receipt of which is acknowledged, I hereby grant to iNeuroRehab Inc. ("iNeuroRehab") and its authorized representatives:
  - (i) the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner my image, voice, likeness, representation of my medical condition, and any diagnosis or treatment recommendations, as may be recorded during or otherwise made available to iNeuroRehab in relation to my treatment by an iNeuroRehab therapist (collectively, all images and sound captured on tape, digitally, or otherwise referred to as the "Recordings");
  - (ii) the right and license to make, obtain, store, and use written notes, medical records, and other documentation in respect of myself, my medical condition, and any diagnosis or treatment(s) in relation to my treatment by an iNeuroRehab therapist, including the information provided in the Patient Data - Information Consent Form, (collectively, the "Information"); and
  - (iii) the retention, use, display and publishing of any Recordings and Information, in whole or in part, **solely in relation to the education and training of healthcare professionals by iNeuroRehab as set out in this Consent and Release.**

2. The primary Recordings will take place during the following sessions:

Session Name \_\_\_\_\_

Session Date(s) \_\_\_\_\_

Session Instructor (s) \_\_\_\_\_

3. I understand that the Recordings and Information will be used for educational purposes associated with iNeuroRehab. The Recordings will be made available only to registered

participants and instructors who have provided confirmation to iNeuroRehab of their registration as healthcare professionals.

4. I understand that the Recordings and any related Information being made available to registered participants, such as treatment notes, will be hosted on a secure data hosting website, will be password protected, and only accessible to registered participants and instructors via a private link. Each participant shall be required, prior to being granted access to any Recording, to acknowledge and agree to restrictions applicable to their access of the Recording(s), including that they are prohibited from copying, downloading, or in any way disclosing or transferring Recordings or Information to any third-party.
5. This Consent and Release shall be governed by the laws of the Province of Ontario, and the federal laws of Canada as applicable. Accordingly, the Recordings and Information will be stored in compliance with Canadian Data Protection Regulations, including the *Personal Health Information Protection Act* (PHIPA). PHIPA is a local, provincial (Ontario) legislation that protects the confidentiality and privacy of personal health information. Recordings and Information will be retained and deleted or destroyed in accordance with applicable law.
6. I understand that in very rare instances, security protocols may fail, causing a breach of privacy of personal medical information. In these cases, iNeuroRehab will notify me, the client, immediately about the security breach. I agree to hold harmless iNeuroRehab for any such technical difficulties or failures to the extent permitted by law.
7. I understand that my participation in education sessions with iNeuroRehab is completely voluntary. I understand that I have the right to withhold or withdraw my consent for continued use of the Recordings and Information at any time for any reason and should I wish to withdraw consent I will so inform the session instructor, or otherwise advise iNeuroRehab.
8. I agree that iNeuroRehab shall (i) own all rights in the Recordings and Information, and (ii) have the right to use the Recordings and Information, in compliance with this Consent and Release, as it deems appropriate, in any and all media, now or hereafter known. I acknowledge and agree that iNeuroRehab is under no obligation to use or exhibit the Recordings in any manner and I waive the right to inspect, review or approve of any use of the Recordings.
9. I acknowledge that (i) no sum shall be due to me for execution of this Consent and Release and (ii) iNeuroRehab shall not be obligated to pay me, or any third party, any sum for my participation in the Recordings, nor in the future, regardless of the time or method of use of the Recordings as set out in this Consent and Release.
10. This Consent and Release shall be governed by the laws of the Province of Ontario and shall be binding on my legal representatives, heirs and assigns and iNeuroRehab's licensees and assigns. I represent and warrant that I have the right, power, and authority to grant the rights set forth in this Consent and Release. This Consent and Release represents the entire understanding in effect between the parties.

Agreed to and accepted this \_\_\_ day of \_\_\_\_\_, 2022, at Toronto, Ontario.

Client Name \_\_\_\_\_

OR Parent/Legal Guardian/Power of Attorney Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_