

PATIENT CONSENT TO TREATMENT:

Please read through the following carefully, and sign if you UNDERSTAND and AGREE with these terms and conditions.

INFORMED CONSENT:

- I understand the treatment as explained to me.
- I understand the benefits, risks and possible complications as explained to me.
- I am satisfied that alternate treatments were discussed, and that I had the opportunity to ask questions.
- I had sufficient time to consider whether I want to proceed with the proposed treatment.
- I acknowledge that I have been informed in a language I understand.
- I consent to removing any clothing items deemed necessary for effective treatment.
- I understand that the format of treatment may change, and that different physiotherapists may be involved in my treatment.
- I understand that I can withdraw consent at any time, and will not hold the physiotherapist liable for any resultant consequences of refusal.

DISCLOSURE OF MEDICAL INFORMATION:

I hereby authorise:

- The use and disclosure of my medical information to the relevant specialists as my physiotherapist sees fit.
- That a copy of my medical records will be kept on file by the physiotherapist.
- The disclosure of relevant medical information to my medical scheme, including diagnoses, ICD10 codes, and treatment codes.
- That the practice have access to my hospital records and radiology results

PRIVACY OF MEDICAL INFORMATION AND CONFIDENTIALITY:

- This document constitutes a contractual agreement by the practice and the patient to protect all personal information.
- The practice will use your information only in relation to your healthcare.
- The practice can only release information with your written consent, even if a family member requests this information. This applies to anyone older than 12 years.
- I understand that my confidentiality will be protected at all costs, but that absolute confidentiality cannot be guaranteed.
- My patient information may be disclosed by this practice without consent, in response to a specific request by law enforcement, subpoena, court order or as requested by law.

PREAUTHORISATION:

I am fully aware that if a treatment requires preauthorisation, the practice will endeavour to obtain authorisation on my behalf. Should the authorisation be declined by my medical scheme, I will remain responsible for full payment for the services rendered to me.

PAYMENT OF MEDICAL COSTS:

I acknowledge that:

- I have been informed that this practice does not necessarily charge the rates that my medical scheme has decided upon.
- My medical scheme may not cover all fees charged by this practice. Should there be a shortfall, I remain personally responsible for payment of that amount.
- I understand that settlement terms are strictly 30 days.
- The practice will not get involved in any third party disputes.
- I will be held liable for any and all legal costs on attorney and client scale, debt collection charges and tracing fees should my account be handed over for any monies in arrears.
- Methods of payment include Debit or Credit cards, or EFT. We regret no Diners or Amex cards.

ICD10 DIAGNOSTIC CODING:

Regulation 5(f) of the Medical Schemes Act states that an account to the medical scheme must contain the relevant diagnosis. This must be submitted as an ICD10 diagnostic code (number allocated to your diagnosis by the international classification of diseases) and may be used in referral letters, and requests for specific investigations. Failure to submit the correct codes might lead to a claim being paid incorrectly or not paid at all.

CONSENT TO PROCESS PERSONAL INFORMATION:

All staff, administrative and medical, have signed comprehensive confidentiality agreements.

I acknowledge that my personal information needs to be processed by the practice and therefore grant the following consent:

- I acknowledge and accept the practice will, during the course of services rendered to me, collect and have access to my personal information including information relating to my race, gender, sex, pregnancy and marital statuses, national, ethnic, or social origin, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language. Identifying number, email address, physical address, telephone number, location information, online identifier and biometric information.
- I grant my express consent for the practice to collect and process this information for the purpose of rendering services to me, as well as processing claims with medical schemes or insurers.
- Administrative staff employed in the practice may be granted access to my personal information contained in my health record, including any clinical notes, in order to process claims to the medical scheme, issuing of documentation and any other administrative function required by the practice.
- I accept that my medical information will be accessed and processed by my medical scheme and/or health insurer and grant the practice consent to transmit that information as required to process claims with medical schemes.
- I accept my personal information will only be utilised for the purpose it was collected for and that the information will only be retained for as long as is necessary and required by law, and that I have the right to view such information at any time.

GENERAL:

I hereby confirm that:

- I have freely chosen this practice to consult with and render services to me.
- I undertake to check my account information for any errors that might have occurred during the capturing process and notify the practice immediately.
- I am under obligation to notify the practice of any changes to my personal, medical or financial information.
- I will under no circumstances video, voice record or photograph any treatment taking place, unless the physiotherapist agrees.
- I have had an opportunity to review these terms and conditions contained in this agreement.
- I have the right to inspect or copy these terms and conditions.
- I am signing these terms and conditions voluntarily, and that I may revoke my authorisation in writing at any time.

I have read, understand and accept the content of these terms and conditions, and acknowledge and accept that they are legally binding upon me.

Signature:

Full Name:

Date: