



Patient Consent and Privacy Form

Consent

In order to proceed with both the examination and treatment, your consent is required. **If you wish to withdraw your consent at any time, please inform your clinician as soon as possible.**

If you are not satisfied with the explanations given for treatments or assessments, you may ask your clinician to explain further. Your clinician will also inform you of any risks involved, and you may request a different treatment or further information at any time. **If you are not satisfied with this explanation, you may withdraw consent at any time.**

During the course of assessment and treatment, you may be asked to remove articles of clothing in order to expose the body part under examination. This is a necessary part of the assessment so that we may best assess the painful part. **If you are concerned, you may withdraw consent at any time.**

During the course of assessment and treatment, you may feel sore during or after the treatment. This generally confirms that the treatment is at the correct position. However, if the soreness is severe or prolonged or you experience bruising, please inform your clinician so that we may adjust treatment as appropriate. **If you are concerned, you may withdraw consent at any time.**

Should you require a chaperone, you are welcome to bring one with you, and they may remain seated in the examination room during the assessment and treatment. **Either you or your chaperone may withdraw consent at any time.**

Privacy

The information collected by our practice will be used for the purpose of providing treatment to you. Personal information may be used to address accounts to you, process payments and write to you about our services or any issues affecting your treatment.

- We may disclose your health information to other health care professionals, or require it from them if it is necessary in the context of your treatment. Disclosure of your personal details will be minimised wherever possible.
- Your medical history, treatment records and any other material relevant to your treatment will be kept here.
- You may inspect or request copies of our records of your treatment at any time. Fees may apply.
- If any information we have about you is inaccurate, you may ask us to alter our records accordingly.
- Your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice without your prior written consent. **If you have any queries or concerns please do not hesitate to raise these concerns with our practice.**

Payment is required on the day of treatment unless otherwise arranged. Cash, EFTPOS and Credit Cards (American Express, Mastercard, Visa) accepted. No fee is charged for credit card use. Private health insurance claims are processed on the spot using HICAPS. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

Patient Signature **Date**

Witness Signature **Date**