



MARISKA ODENDAAL PHYSIOTHERAPY

INFORMED CONSENT:

I _____ the undersigned understand and declare that:

1. CONSENT TO PHYSIOTHERAPY TREATMENT

- During the treatment and evaluation I may need to uncover specific body parts and I may refuse to do so if I feel uncomfortable.
- The physiotherapist will need to touch me in order to provide effective treatment and that I will inform the physiotherapist if I am uncomfortable or feel offended in any way.
- It is my right to withdraw this consent at any time or for any specific procedure or modality.
- I have been informed of all the benefits and risks of the procedures and or modalities. I have been informed of alternative procedures and modalities.
- I understand the procedures and possible potential complications and I had the opportunity to discuss this with the physiotherapist.
- I hereby consent to physiotherapy procedures and modalities that will be performed on me/my dependent: subjected to the physiotherapist performing the relevant safety tests and evaluation, and taking relevant precautions.
- I give this consent freely and declare that it was not made under duress.

2. CONSENT TO FINANCIAL RESPONSIBILITY OF PHYSIOTHERAPY ACCOUNT.

- I hereby **accept full financial responsibility for this account until it is settled in full.**
- I understand that I will be responsible for all legal fees involved, if legal action is needed to collect any outstanding fees.
- I hereby declare all personal and financial information as true and correct.
- I hereby declare that the billing procedures of this practice have been discussed with me and that I do understand the conditions and implications thereof: *Practitioners can add their own billing practices, Method of submitting bills to medical aids / funders, Discount arrangements, Dispute procedures with medical aids and patients, Arrangements with unkept Appointments (will be billed for), Debt collecting timeframes and procedures.* Billing is done according to the NPRL structure.
- I declare that this consent was not made under duress.

3. CONSENT TO THE RELEASE OF INFORMATION

- I hereby give consent to the consulting physiotherapist to disclose information regarding my diagnosis (ICD 10 Coding), medical condition, prognosis, treatment compliance and treatment program to the following people/institutions for the purpose of reimbursement or settlement of his/her account and or for referral and reporting purposes:
- Please tick the boxes that you do give consent to (as applicable):

Medical Scheme/ Funder	Spouse	<input type="checkbox"/>
Referring Doctor	School or Coach	<input type="checkbox"/>
Employer	Children	<input type="checkbox"/>
Lawyer	Insurance company	<input type="checkbox"/>
Parents	Other medical practitioners	<input type="checkbox"/>

I fully understand that this is a legal requirement and that I have a choice not to consent to such information being disclosed to any party. I confirm that I have exercised my choice voluntarily and that this declaration and exercise of my choices was not made under duress.

I indemnify _____ (treating physiotherapist) from any liability, damages or whatsoever that I may suffer as a result of this disclosure or treatment and that I will hold the treating Physiotherapist harmless of any further disclosures and prejudice I may suffer as a result of.

Signed: _____

Date: _____