

PRIVACY POLICY

INFORMED CONSENT POLICY

Physiotherapists at Pro-Form Physiotherapy will discuss your condition and treatment options with you so that you are well informed to consent to treatment. You may give consent or refuse treatment for any reason. Once you have given consent, you may withdraw that consent at any time. Verbal consent is necessary prior to any stage of the consultation as your physiotherapist may:

- Ask questions of personal nature to understand your injury
- Make physical contact during the physical examination and treatment
- Perform treatment that has certain risks and benefits
- Record information from the consult as treatment notes
- Communicate information with other health professionals

It is important for you to notify us before your consultation of any contraindications or precautions we must take or pre-existing conditions that may affect our ability to proceed with the consultation including the existence of a pacemaker or heart condition, history of previous blood clots, thrombosis or stroke, diabetes, medication, allergies or contagious/infectious conditions or history of surgery or any metal implants, joint fusions or joint replacements.

I have read and understood the informed consent policy. I offer my consent to receive treatment for myself/my child. I agree to this consent remaining valid until such time as I withdraw my consent.

CLINIKO PRIVACY POLICY

Pro-Form Physiotherapy is committed to protecting the privacy of our patients that provide personal information. Cliniko is a cloud-based, password protected practitioner software application that we use to collect and record your personal information. Your information is secured on Cliniko, and will not be shared with any third party without your consent. Patients can access the Cliniko privacy policy online. This Privacy Policy shows how Cliniko collects, protects, use and share personal information. The privacy policy may be reviewed and changed from time to time but can be found via <https://www.cliniko.com/policies/privacy>. You can contact us at support@cliniko.com. If you have any questions about this Privacy Policy or the way that we handle your personal information, please let us know.

I have read and understood Cliniko Privacy Policy.

CANCELLATION AND FAILURE TO ATTEND POLICY

At Pro-Form Physiotherapy, we aim to provide a professional service for all our patients. We understand unforeseen circumstances occur and people need to cancel or reschedule their appointment. We have a very long waiting list with all our practitioners. Providing us with appropriate cancellation notice will allow us to offer your appointment time slot to other patients in urgent need of an appointment. Failing to attend your appointment or less than 24 hours notice will incur the full cost of your scheduled consultation fee. This policy is applicable to all clients including Private, Worker's Compensation and EPC. We thank you for your kind consideration of other patients and your support and understanding of our new policy.

I have read and understood the cancellation and failure to attend policy. If I fail to attend my appointment or if I cancel within 24 hours of my appointment, I incur the full cost of the scheduled consultation fee.

NAME: _____ SIGNED: _____ DATE: _____