

Your **Personal Health Information and your Health Record** may be collected, used and disclosed for the allied health professionals:

For follow up reminder / recall notices

Accounting / Medicare / Health Insurance procedures

Quality Assurance activities such as accreditation

For disease notification as required by law (eg; infectious diseases)

For use by all physiotherapists in this practice when consulting with you

For legal related disclosure as required by a court of law (eg; subpoena, court order, suspected child abuse)

For research purposes (de-identified, meaning you are not able to be identified from the information given)

If you have any concerns or wish to restrict access to your personal health information please discuss these with your physiotherapist or receptionist. This practice adheres to National Privacy Principles (www.privacy.gov.au)

Do you consent to your physiotherapist communicating with your referring doctor or case manager?

Yes No

Do you consent to the use of your de-identified health information used by our practices/physiotherapists for research purposes?

Yes No

Would you like to receive more information on keeping healthy and our practice news? Yes No

Do you have an implanted cardiac pacemaker?

Yes No

Workers Compensation / Motor Vehicle Accident Claims:-

*In the event of disputed liability regarding this injury, I understand that I will be personally responsible for consultation fees and equipment.

*I will endeavour to cancel any appointments I am unable to attend within a reasonable time, **or pay a \$50.00 missed appointment fee.**

Signature _____ Date _____

Note: If signing on behalf of a patient, please print your name & relationship: _____

If you are unable to attend an appointment, a call to cancel is appreciated as we have a busy waiting list and need time to organise another patient to have your appointment spot.

******** A \$50 missed appointment fee may be requested IF you do not call to cancel within a reasonable time frame.***