2026 Consent Form

Please read the billing policy, terms and conditions, complete and sign the consent form/s.

Nicole Comninellis Inc.
Physiotherapy (for kids)

PATIENT DETAILS	**FIRST PARENT'S DETAILS**
Child's First Name(s):	Full Name:
Child's Surname:	ID Number:
Date of Birth: **Preterm?** Y / N	Cell Phone:
Family Address:	Email address:
	Occupation/Employer:
MEDICAL AID DETAILS	**SECOND PARENT'S DETAILS**
Main Member Name:	Full Name:
Medical Aid:	ID Number:
Member Number:	Cell Phone:
Dependent Code:	Email:
REFERRING DOCTOR / PAEDIATRICIAN	Occupation/Employer:
Name:	
Email/Tel:	

PERSON RESPONSIBLE FOR THE ACCOUNT: _____

IF 3rd PARTY RESPONSIBLE: (Complete below section only if different from the above)

Full Name:	ID number:	
Home Address:		
Tel: (h)	Tel: (w)	Cell Phone:
Occupation:	Employer:	
Email Address:		

BILLING POLICY & AGREEMENT OF CONSENT

Payment is due following the appointment and can be made via card or SnapScan. If an approved PMB benefit is active and authorised it will be claimed at the current medical aid rate directly. This Practice bills at the current medical aid rate for **in-hospital** clients. All **out-of-hospital** medical aid claims must be submitted **by the member** to their scheme directly unless otherwise arranged with the practice, and in this case any shortfalls in payment are to be settled by the client on invoice.

2026 Rates: R825 for first consultations; R625-R725 for follow-up consultations; R625 for chest physiotherapy, excl. single-use consumables; **Home visits** are billed at an additional R275, and **School visits** at an additional R175. **Missed appointments** or those not cancelled within 6 hours of the appointment are billed at R350. These costs may not be covered by your medical aid: **Comprehensive reports** specifically requested will be billed at R550. **PMB motivation letters** will be billed at R200; Team meetings, teacher consultations or school-observations will be billed for based on time. Please note that fees will increase annually.

I have read and agree to the Terms & Conditions, and provide informed voluntary consent to the assessment and ongoing physiotherapy treatment of my child, as clinically indicated, and understand that I can withdraw my consent at any time. I confirm that the information provided above is correct. I am personally responsible for the payment of my child's physiotherapy account. I will inform the Practice of any changes to information pertaining to financial, medical or personal information. I agree to discuss and set-up a payment arrangement if I am having financial difficulties. I agree that I may be contacted by the practice, using the contact details provided. I hereby choose my above address as my domicilium citandi et executandi for all purposes under this agreement. I agree to ask questions, provide feedback, complaints or compliments as appropriate.

Full Name: _____ **DATE:** _____ **SIGNATURE:** _____

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TERMS AND CONDITIONS

CHILDREN AND HEALTHCARE

You confirm that you understand that, as a parent / legal guardian, you are legally liable to cover the cost of your / your child's healthcare, even if the Children's Act allows a child older than 12 years to provide consent to treatment without your consent. Note that the Practice will not get involved in parental disputes as to the financial aspects of healthcare provided to a child.

INFORMED CONSENT

I understand that I have the right to be informed about and ask the Physiotherapist questions pertaining to the medical condition and treatment approach, including: details or uncertainties of the diagnosis / prognosis, including the likely prognosis if the condition is left untreated; different treatment / rehabilitation options available; the benefits / risks of these treatment / rehabilitation options, as well as the costs associated with these; any specific side effects of specified treatment; how the condition will be monitored and evaluated; and that I have the right to a second opinion. I understand that the Physiotherapist who has overall responsibility for the treatment is Nicole Comninellis, practice owner and registered Physiotherapist: HPCSA PT 0119806 and practice number 0832073. If you do not ask any questions, the Practice assumes that you have understood and accept everything.

PRICING/FEES AND PAYMENT

This Practice bills according to a billing policy as stated on page 1. All consultations, assessment and treatment/rehabilitation fees must be paid by you and it remains your responsibility to submit the claims to your medical scheme, unless agreed upon by the practice to claim from your medical aid on your behalf, and in the case of approved and active PMB's. If you have not received an account for your consultation, please let the Practice know. **If your account is not paid timeously, it will be handed over for debt collection**, and you will be responsible for all costs relating to the debt collecting, such as commissions and fees levied by the debt collector or attorney. If you believe that your medical scheme should have paid in full, you can lay a complaint at the Council for Medical Schemes. If you believe that terms and conditions of the medical scheme are unfair or that the benefits were not clearly communicated, you can complain at the National Consumer Commission.

PURPOSE AND NATURE OF HEALTH CARE

You accept that results cannot be guaranteed in healthcare. Results may take time to become evident, and this is dependent on the patient's behaviour, effort and overall commitment to treatment/rehabilitation both during the sessions and after, e.g., when doing prescribed exercises at home. **You agree to follow the instructions/treatment plan prescribed to you by the Physiotherapist**, and attend follow-up visits if recommended to you. Should you neglect to follow the recommendations provided to you, the Physiotherapist / Practice will not be held liable for subsequent consequences or non-compliance.

PATIENT / CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT, 2003)

You and/or your family or other persons that come to the Practice, or have a consultation at home or school, should not harass or cause harm toward the Physiotherapists. They must be treated with respect. If not, we are allowed by law to refuse to treat- or to continue to treat you or your children. In such cases we will refer you to another Practice.

INDEMNITY (WAIVER OF LIABILITY)

You accept that physiotherapy is active and may include physical activity (including possible use of equipment) which could lead to accidental injury. You acknowledge that the physiotherapist(s) will do their best to ensure safety of your child at all times, but that your child will participate at their/your own risk, and that the practice is not responsible for children not following instructions. You indemnify the practice from any and all loss, costs, injury, damage or liability sustained or incurred by your child (or their siblings) from their participation in the therapeutic environment. You agree to mitigate any risks by ensuring your child is co-operating and following instructions, as expected by the physiotherapist.

POPIA / CONFIDENTIALITY, PROCESSING & DISCLOSURE OF PERSONAL AND MEDICAL INFORMATION

This document constitutes a contractual agreement by the Practice/s to protect all personal information in confidence. **The privacy and security of the personal information of patients are important to us.**

The Practice/s will use your and your child's information only in relation to their healthcare. Personal information that Nicole Comninellis Physiotherapists process, retain, use and disclose may include, without limitation your: age, contact information, occupational information, personal health information, medical history and any other information deemed necessary to fulfil the purposes of any of the following: physiotherapy assessment and treatment services; to provide to, or obtain from Third Party payers, Doctors, other Allied Health Professionals, and Legal Counsel: progress reports, assessment findings, diagnostic tests or medical investigations resulting from the services provided to you in order to optimize the treatment provided to you. At times, the law requires the Practice/s to disclose their/your personal information, and by agreeing to our services, you acknowledge this legal obligation that the Practice/s have to disclose: 1. To your medical scheme: a diagnostic code and details of the consultation / treatment, which is used by the scheme to evaluate whether it is contained within your benefits; 2. To referring healthcare professionals involved in your care: Information that is necessary and in your best interest will be shared with such healthcare professionals in terms of the National Health Act; 3. To sharing of relevant information with bodies performing peer-review of practitioners, clinical audits or coding queries; all subject to confidentiality of records. **I authorise my Physiotherapist / the Practice to: Use and disclose my child's medical information to any relevant specialist; Keep and maintain a copy of my or my child's medical record on file; and have access to hospital records, radiology & laboratory results.**

Consent under the Protection of Personal Information (POPI) Act means that you voluntarily agree to the processing of your personal information during the course of treatment, including the communication of results / feedback or reports via electronic means. You understand the confidential nature of information that may be exchanged via electronic means and the risks associated thereof and agree to this communication by signing consent.

This practice uses **HEIDI Health**, an AI-assisted clinical documentation tool, to support accurate and efficient clinical record-keeping. Where used, HEIDI may transcribe therapy sessions to assist with clinical note-keeping. The use of this software is limited to documentation purposes only and does not replace clinical judgement. All information is handled in accordance with **POPIA** and relevant healthcare confidentiality requirements. Clinical records remain the responsibility of the treating physiotherapist and are stored securely. By signing this consent form, you acknowledge and consent to the use of AI-assisted documentation as part of your child's care. You may withdraw this consent at any time by notifying the practice in writing.