



ACTIVE TIME PHYSIOTHERAPY

P A I N F R E E L I F E

Personal Information Collection Agreement and Consent Form

Welcome to Active Time Physiotherapy. We are committed to protecting your privacy and ensuring the confidentiality of your personal information. This Personal Information Collection Agreement outlines how we collect, use, and protect your personal information in compliance with applicable privacy laws.

1. We collect personal information that is necessary for providing you with our physiotherapy services.
2. We collect your personal information for the following purposes:
 - To accurately assess your condition and to provide physiotherapy services accordingly to your needs and goals
 - To maintain accurate medical records
 - To contact you for appointment reminders and updates
 - To process billing and insurance claims
 - To respond to inquiries and provide customer support
 - To meet legal and regulatory requirements
3. We will only disclose your personal information when required or permitted by law or when necessary to provide you with our services. This includes sharing your information with Your referring doctors, Insurance providers, Legal and regulatory authorities, our employees and contractors who need the information to provide you with services.
4. We take measures to protect your personal information from unauthorized access, disclosure, or alteration. This includes physical, electronic, and administrative safeguards.
5. We will retain your personal information only for as long as necessary to fulfill the purposes outlined in this agreement and as required by law.
6. You have the right to access and update your personal information. If you wish to do so, please contact our clinic.
7. We may update this agreement from time to time to reflect changes in our practices and the law. Any updates will be posted on our website.
8. We ask all our clients to consider their risk in participating in any form of exercise and that they complete the following form.

If you have any questions or concerns about this agreement, please contact our clinic.

Email: info@activetimephysiotherapy.com.au

Consent for Treatment

Upon scheduling an appointment at our clinic, you acknowledge your voluntary agreement to grant consent for our physiotherapists to conduct any required examinations and treatment procedures based on their professional training, qualifications, and comprehension of your injury. You recognize that various physiotherapists at Active Time Physiotherapy may participate in your treatment.

You are aware that you have the option to converse with your physiotherapist about the nature and purpose of your physiotherapy care before any treatment takes place. Additionally, you may choose to decline treatment at any point.

You acknowledge and accept the following:

1. Treatment

1.1 You retain the right to choose your preferred physiotherapist, decline treatment, or seek a second opinion at any juncture.

1.2 Physiotherapy encompasses physical treatment, which may involve various therapeutic approaches, including "hands-on" techniques.

1.3 Treatment carries inherent risks, such as stiffness, extra soreness, bruising, skin irritations, and other minor complications.

1.4 Rigorous assessment of your condition significantly reduces the likelihood of risks, and we take every precaution to minimize potential complications.

1.5 The decision to remain untreated also poses risks, potentially leading to the formation of adhesions, scar tissue, and other degenerative changes. Such changes can intensify pain, triggering chronic pain cycles, and may result in limitations in range of motion and functionality. Procrastination in seeking treatment can contribute to further complications.

1.6 Alternative treatment options may be available in many instances. If your condition is non-musculoskeletal or the risk associated with physiotherapy is deemed high, your physiotherapist may refer you to other forms of care, acknowledging any limitations in their practice scope.

2. Consent for Acquisition and Disclosure of Information

2.1 In order to facilitate the efficient processing and management of your injury or condition, you acknowledge the potential necessity to share information regarding your medical condition with relevant treating practitioners, rehabilitation consultants, case managers, and solicitors involved in your case.

2.2 By endorsing these Terms and Conditions, you grant Active Time Physiotherapy permission to exchange pertinent information related to your injury, condition, or claim, as well as significant historical medical details, with individuals deemed necessary by Active Time Physiotherapy. We prioritize the confidentiality of your information. Additionally, we maintain a comprehensive Privacy Policy outlining how we collect, use, share, and disclose personal data.

3. Exemption from Liability

3.1 The practice directors and any staff members of this practice disclaim any liability and do not assume responsibility for any injuries, losses, or damages suffered by any individuals arising from treatments or procedures administered within this practice by our physiotherapists or in any manner, unless directly attributable to the negligence of the practice directors or practice employees.

4. Privacy and Communication

4.1 Active Time Physiotherapy will send you appointment confirmations via SMS or email.

4.2 You retain the right to opt out of any SMS or email communication at any given time.

4.3 Periodically, you may receive marketing materials or surveys from Active Time Physiotherapy. These initiatives are designed to enhance our services and provide promotions and discounts to our customers.

4.4 Your information will never be disclosed to third parties, except in instances where details are utilized to support you in your claim or injury, as specified in clause 2, Consent for Acquisition and Disclosure of Information.

4.5 This serves as a summary of our Privacy Policy concerning consent for receiving notifications and communications.

5. Payments and Billing

5.1 Our stringent billing practices are implemented to sustain the delivery of high-quality treatment to all our patients and are not intended to exclude or discriminate against any individuals or groups.

5.2 You can make payment over the phone or at the clinic where you have your session. Other payment arrangements can be discussed with the administrative staff and may be considered at their discretion.

5.3 There is no refund available for personal or healthcare items in the event of a change of mind. However, if the item presents a major issue, we can either refund or exchange it. For non-major issues, we commit to repairing it within a reasonable timeframe.

5.4 Payment for the services rendered and any provided items is due on the day of your consultation.

6 Late Arrivals and Missed Sessions

6.1 In the event of a tardy arrival within your scheduled appointment time, you may still receive a shortened treatment duration.

6.2 If you fail to attend your appointment or arrive outside of the designated time, a cancellation fee of \$40 will be applied.

6.3 No cancellation fee will be charged if you can arrange a rescheduled appointment on the same business day, contingent upon the availability of our clinicians.

6.4 You have the option to cancel or reschedule your appointment, provided that you give us a minimum of 6 hours' notice (within business hours) before your scheduled appointment.

7.Booking Reservation

7.1 Should you need to reschedule or cancel any appointment, kindly inform us with at least 6 hours' notice.

7.2 If you cancel prior to the 6-hour mark, cancellation fee does not apply.

7.3 However, if you miss any appointment or cancel within 6 hours of the scheduled time, cancellation fee of \$40 will be applied

By signing this agreement, you acknowledge that you have read and understood its contents and consent to the collection, use, and disclosure of your personal information as outlined herein.

By signing this agreement, you acknowledge that you have read and understood its contents and consent to the collection, use, and disclosure of your personal information as required by law as well as consent to treatment and services.

Patient Name: _____

Patient Signature: _____ **Date:** _____