



Consent form

(Permission to obtain Biokinetics treatment at Bokamoso Mthimkulu Biokineticist, T/A Reignite Health (PTY) Ltd)

I, Full Name: _____, understand and declare that

- Reignite Health is contracted out of medical aid, thus an upfront payment after each consultation is required unless arranged otherwise. I am aware that claims submitted to my medical aid does not guarantee reimbursement from my medical aid. If my account is not settled at Reignite Health within 45 days, it will be handed over to their lawyer
- Reignite Health also provides home consultations, and thus a travel fee will be charged that the medical aid will not reimburse me for
- The Biokineticist may be a few minutes late to my sessions as traffic is unpredictable
- If I do not cancel my appointment 12 hours before my session, 100% of my session fee, including travel (if applicable), will be charged and I am aware that the medical aid will not reimburse me for my canceled appointment
- All information given in the initial assessment is true and correct (i.e., medical conditions, medications, primary complaint, family history, etc.)
- A clear diagnosis for the primary condition/complaint may not be given straightaway and referrals may be required
- The Biokineticist has answered all the queries that concern me to the best of their ability
- During assessment and/or sessions, clothing may need to be removed to reveal specific body parts that are being tested and I understand that I may refuse such when I become uncomfortable
- The Biokineticist may need to touch me during the assessment and/or sessions to increase its effectiveness and I understand that I may refuse such when I become uncomfortable
- The Biokineticist is allowed to discontinue treatment should s/he feel uncomfortable
- My treatment/rehabilitation may take long and expected results are not guaranteed. Each body reacts differently to Biokinetic treatment; thus, I will not compare my progress to someone else's
- The Biokineticist and staff may need to disclose given information with other health professionals after informed or verbal consent has been given
- All given information will be treated with the greatest confidentiality unless if it is ethically acceptable to disclose information without consent
- My medical aid will receive my diagnosis and procedures done for billing purposes only
- Parents/guardians are preferred to stay during the session if the child is under 12 years of age, unless the parent/guardian has provided written permission for the child to have the session alone
- I give consent freely and declare that it was not forced

I further agree to the following:

- I approached Bokamoso Mthimkulu Biokineticist (pr #: 0981400), T/A Reignite Health (PTY) Ltd, to receive Biokinetics treatment at my own will
- Reignite Health does not take responsibility for any liability or damages for this confession; and I will not cause any harm to Reignite Health for any further confessions and predispositions I may endure because of such confessions
- I consent to Biokinetics treatment; and cause of further injury to myself/dependent/property, or death, will not be Reignite Health's fault
- I confirm that I am an adult and of sound mind to consent to Biokinetics treatment for myself/the dependent
- I am aware that Reignite Health will keep my records secure from the public for at least seven years post Biokinetic treatment, or death. My records will only be shared with the court/medical doctor's or family upon my consent, or the consent of my emergency contact should I not be able to provide consent for myself

I hereby agree that I understand the above and that I was not forced to consent to Biokinetics treatment. I also agree that all questions regarding the consent form have been answered/clarified.

Signature (parent/guardian if patient is under 12)

Date

Reignite health authorised signatory

Date

Confidential information