

Therapy New Client Agreement

Thank you for choosing In Balance Physiotherapy & Fitness as your health provider – we appreciate your support and will do our absolute best to provide you with exceptional health care solutions for many years to come.

We Need Your Help. To ensure we provide you and our other valued clients with the best possible care - it is important that you understand and agree to our ***terms and conditions*** as outlined below:

- Be on Time:** All clients are expected to **arrive on time for each and every appointment** - we will do our best to not keep you waiting also.
- 24 Hours Notice of Cancellations:** If you are unable to attend an appointment - **you MUST give us 24 hours notice** - otherwise a cancellation fee of 50% of the intended treatment fee **will be charged.** **
- Your Feedback is Vital** - Please **take a few minutes to fill out our feedback form.** Be honest and let us know how we can improve our service. We also request that you fill in feedback form after your **first re-assessment.**
- Money Back Guarantee** - If you are not happy with our service at any time - **LET US KNOW** - our director will contact you personally, **refund any money you paid for that session and give the next one FREE.**
- Pay at the Time of Consult** - consultation fees for all private clients are to be **paid at the time of consultation - no invoices will be given.** Clients accessing funding through third party providers will be liable for invoices if funding is not available or approval not given (e.g. WC/MVA/NDIS). **
- Bookings Made in Advance-** at the end of today's assessment - if our therapist believes we can help and you **agree to the treatment plan - We will book all sessions in advance** – this allows you to get the most convenient times and increases the success of your treatment.
- Word of Mouth Referrals-** We are a family owned practice and word of mouth referrals are the greatest compliments we receive. We thank you in advance for any referrals.

**Please note that should you fail to pay any of your accounts by the due date, we may use a mercantile agent to collect your overdue account, and all costs involved in that process would be required to be paid by you.

Clients Name: _____ **Date:** _____

Client Signature: _____ **Admin Initials:** _____

In Balance Physiotherapy and Fitness

306 Fitzgerald Street, NORTHAM WA 6401

THERAPY CONSENT FORM

PRIVACY

Your **Personal Health Information and Health Records including radiology reports** may be collected, used and disclosed for the following reasons:

- For communicating with other treating medical professionals
- For follow-up/reminder communication
- For contacting you about services and information relevant to your treatment
- For discussion with third party insurers, Medicare and health insurance providers
- For disease notification as required by law
- For use by all physiotherapists in this practice when consulting with you
- For legal disclosure as required by a court of law.

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

CONSENT

- Your "Informed Consent" is required for all treatment provided by this practice. You may withdraw your consent at any time. Treatment will cease if consent is withdrawn.
- If you become uncomfortable with your treatment at any time please inform your therapist.
- All forms of treatment carry some risk. Risks will be explained prior to treatment at which time you may choose to continue or discontinue treatment.

I give consent for treatment. I agree to this consent remaining valid until such time as I withdraw my consent. I give consent for all medical information to be released to relevant parties.

I, (*print name in Block Capitals*)....., have read and understood the above Consent Form, New Client Agreement and certify that Case History is true and correct.

Signature Client..... Date

Signature Clients Parent/Guardian..... Date.....
(If client under 18yo)

*** If you have any queries please discuss this form with your therapist.**