

PERFORM PHYSIO + PILATES

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TERMS AND CONDITIONS:

1. Consent to Treatment

You hereby request and give consent to our therapists to perform all necessary examinations, manipulations, therapy, rehabilitation and medical diagnostic procedures in accordance with their professional training and understanding of your injury. You understand that you have an opportunity to discuss with your Physio, the nature and purpose of your physiotherapy care before any treatment is rendered.

You acknowledge and accept the following:

1.1 The physical nature of physiotherapy and related treatments.

1.2 You have the right to see the physiotherapist of your choice, refuse intervention or seek a further opinion and to provide feedback and make a complaint.

1.3 The adverse risks associated with treatment, including stiffness and soreness, soft tissue injury, neurological complications, cerebrovascular injuries, skin irritations, burns and other minor complications.

1.4 The probability of risk is lowered by screening procedures.

1.5 Other treatment options exist if the risk of physiotherapy is considered to be high, including medication, medical care, hospitalisation and surgery.

2. Cancellations

2.1 It is expected that if you cannot keep an appointment with us, that notice is given as soon as possible by calling the practice and leaving a message if after hours.

2.2 If less than six (6) hours notice is given, the full consultation fee will apply. 3.5 This relates to all clients irrespective of their method of funding (i.e. Workers' Compensation, Transport Accidents, etc). In the case of compensable clients who have been permitted to bulk bill their consultation fees, cancellations must be paid separately by themselves, and cannot be bulk billed.

3. Late and Missed Appointments

3.1 If you arrive late to an appointment, but within your appointed time slot, you may receive a shorter consultation in an effort not inconveniencing other clients waiting.

3.2 If you either arrive after or entirely miss an appointment, you will be charged the consultation fee in full.

4. Consent to Obtain and Release Information

4.1 To expedite the management of your injury or injury claim, you accept it may be necessary to communicate the details of your medical condition with treating practitioners, rehabilitation consultants, case managers and employers.

4.2 By signing these Terms and Conditions you give permission for representatives of the Perform Physio + Pilates to exchange such information regarding injuries sustained and any significant past medical history, with those people deemed necessary by the Perform Physio + Pilates.

5. Accounts and Billing

5.1 Please refer to our most recent schedule of fees for an outline of the services we offer and their associated prices.

5.2 It is expected that all fees are paid in full at the time of consultation.

5.3 We accept cash, EFTPOS, credit cards and offer electronic health rebates (via HICAPS) for your convenience. However, in the event of electronic network failure, full payment is still required on the day of consultation.

5.4 Payment of accounts can be done via the telephone or in person at the clinic

5.5 Our intention is not to exclude anyone from being able to access our physiotherapy services.

We have never denied anyone the benefits of physiotherapy care because of their inability to pay our published fees. If financial hardship requires individual consideration, please put your request in writing to the Practice Director.

6. Privacy Policy Summary Statement

6.1 This clinic is committed to protecting your privacy and this information is generally only disclosed to other members of your medical team where necessary.

6.2 The personal and health information you provide during your consultation and subsequent treatment will be collected for the primary purpose of providing high quality health care.

6.3 Where required by law, your personal information will be disclosed.

6.4 Perform Physio + Pilates uses SMS and/or email communication to keep you up to date with the status of your appointment.

6.5 From time to time we may send you information regarding happenings at the clinic via a number of possible ways including: post, email, telephone call or SMS.

Reasons we may contact you include:

- To administer accounts and process payments.
- Appointment Reminders.
- Appointment Follow Ups.
- To communicate with you regarding any issues affecting your treatment.
- Provide information on services and benefits available to Clients.
- To notify Clients of promotions and events.
- Marketing and promotional material about new products, services or special offers.
- Periodic Newsletters.
- Clinic Updates.
- Market research or surveys to improve our products and services.

6.6 Should you wish not to receive such communications or our convenient SMS appointment reminders please advise our admin staff or alternatively follow the 'unsubscribe' instructions provided in the communication.

6.7 You may gain access to information held about you by this Practice by putting your request in writing. Please attention all such correspondence to the "Practice Director".

6.8 Your acceptance of these Terms and Conditions is considered consent to receive such communications as outlined above however you may opt out at any time.

7. Exclusion of Liability

7.1 The Practice Director and employees of this Practice shall not be liable for, nor shall they accept any responsibility for any injury, loss or damage howsoever sustained by any person or persons arising out of any of the treatments or procedures delivered in this Clinic or in any way whatsoever which does not arise from any negligent act or omission of the Practice Director and employees.