



## Consent Policy for Albury Wangaratta Hand Therapy Pty Ltd.

Effective Date: 8th June 2024

Hand Therapy (Occupational Therapy or Physiotherapy) is an effective and safe form of therapy, however like most interventions along with the sought benefits of treatment, there are possible side effects, and responses to treatments are unique per individual. Your Hand Therapist will provide you with information about a treatment, along with the associated risks and benefits. Our therapists are skilled and should be able to offer a variety of treatments to ensure you get results in a way that you feel comfortable with. It is your responsibility to inform the treating therapist if you do not feel comfortable or wish to withdraw from the treatment modality. This form is designed to inform you of your rights, as well as to obtain your consent as to treatment. You may choose to withdraw your consent at any time, but it must be communicated to the treating therapist. This practice is committed to complying with the Privacy Act 1998 and the Australian Privacy Principles 2014.

This form also recognises that you agree to Albury Wangaratta Hand Therapy Pty Ltd Cancellation Policy. It states that any cancellation or rescheduling of your appointment will incur up to 100% of appointment cost if done in the 24hrs before the appointment commencement time, or 50% if within 48-25hrs before your appointment time. This cancellation policy can be found on [www.awhandtherapy.com.au](http://www.awhandtherapy.com.au).

I understand that it is my choice what information I provide but that withholding or falsifying information might be detrimental to my treatment. I consent to allow Albury Wangaratta Hand Therapy Pty Ltd to collect, use & store further information related to my treatment, from other sources as necessary, only if required.

I am aware that I can access my personal & treatment information on request &, if necessary, correct information I believe to be inaccurate. Albury Wangaratta Hand Therapy Pty Ltd may use electronic means such as SMS, phone calls & email for appointment reminders &; information about products, services & requests. If under 18 years of age, parent/guardian must sign consent.

Patients and workplace representatives of third party clients (compensable compensation schemes): I understand that I am liable of the costs of good and services should your third party billing agency (Victorian, NSW, SA, NT, QLD, WA Workcover, TAC/NRMA/CTP, NDIS, private health providers etc) decline the claim. I also consent to completing the required forms that record specific types of information relating to my injury(s), treatment & ways they may affect your ability to work & carry out your usual activities of daily living. In order to satisfy these requirements, I will sign within reason and in collaboration with documentation requirements, as per legislative body and state body, as required.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### If Under 18 years of age - Parents/guardians must co-sign

Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Guardian/parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Contact Us

If you have any questions or concerns about this Consent form, please contact us at:

Practice Manager or Director of Albury Wangaratta Hand Therapy

13 Yalandra Court, West Albury, 2640, Phone: 0402 196 200

Email: [admin@awhandtherapy.com.au](mailto:admin@awhandtherapy.com.au)