



ALISON THOMSON  
PHYSIOTHERAPISTS INC.  
WWW.CENTURYCITYPHYSIO.CO.ZA

## CONSENT TO TERMS AND CONDITIONS BY PATIENTS / PARENTS / GUARDIANS

*Please ask us, at the practice if you, the patient, do not understand any of the clauses below.*

### PLEASE REFER TO OUR PRIVACY POLICY BEFORE COMPLETING THIS

Our privacy policy ensures we only collect the information we require and we will keep all data as safe as possible. A reference to the patient, includes any person who may consent or contract on behalf of a patient, and includes the person responsible for payment of the patient's accounts.

- (a) The privacy and security of the personal information of patients is important to us. We will only process personal information, which includes collect, use, store and share such information, in accordance with the Privacy Statement of the practice and if the processing is permitted by law, for a legitimate interest or if the patient has provided consent.
- (b) The practice must include codes on accounts that disclose the patient's diagnosis, known as ICD-10 codes. These codes are necessary for funding decisions and benefit allocations by funders such as the patient's medical scheme and the Compensation Commissioner for Occupational Injuries and Diseases.
- (c) **Consent:**
- (i) I confirm that I was given a copy of the practice's Privacy Statement. I confirm that I had an adequate opportunity to read this Statement and that I fully understand my rights in respect of my information held by the practice and how the practice will process my personal information. I declare that all my questions have been answered satisfactorily. I understand how the practice will process my personal information and with whom it will be shared.
- (ii) I confirm that I provide consent of my own free will without any undue influence from any person whatsoever. I have received all the information required to provide consent.
- (i) I consent to the following specific processing activities of my personal information by the practice:
- a. the submission of my accounts to my medical scheme / other funder;   
the submission of information relevant to my diagnosis and treatment to my medical scheme / other funder, if required;
- b. the inclusion of relevant health information in referral letters and when providing reports about your treatment to referring practitioners;
- c. to sharing of relevant information with bodies performing peer review of practitioners or clinical practice audits, subject to confidentiality undertakings.
- (ii) I consent to that the practice may submit my accounts to my medical scheme / other funder and any person responsible for payment of the accounts on my behalf; this does not imply that the medical scheme accepts liability. If you do not want any particular account to be submitted to your medical scheme, please let us know before you leave the practice. The account remains the responsibility of the patient until it is settled.
- (iii) I consent that my personal information may be used by the practice to bring a newsletter and new services to my attention and understand that I may opt out from receiving such marketing communications at any time.
- (iv) I consent to the practice using an AI-assisted transcription tool during my physiotherapy sessions to help record session notes. I understand that audio from my session will be processed by a third-party AI system, that no audio recordings are retained after transcription, and that all notes are reviewed by my physiotherapist before being added to my clinical record. The system is used solely to capture relevant clinical information related to assessment and treatment, and does not capture other/unnecessary personal information. My information will be handled in accordance with POPIA and the practice's Privacy Policy. I understand that this consent is voluntary and may be withdrawn at any time in writing, without affecting the care I receive.

### PRICING/FEEES AND PAYMENT

1. The practice will provide patients with a fee for services and goods. It should be noted that in healthcare, the duration of services, the types of services or the number of items used cannot always be exactly predicted in advance, as it depends on the specific patient's health status, healthcare needs and sometimes factors such as age, mobility, etc.
2. This practice charges the fees it regards as appropriate in terms of the experience, services and training of the physiotherapists working in the practice, as well as the cost-base of the practice. Competition law dictates that different practices may not agree to charge the same or similar fees.
3. The terms and tariffs applicable to medical scheme patients vary from scheme to scheme, and even from option to option. We endeavor to charge what your scheme covers

4. **All accounts must be settled within 30 calendar days of the date on the account. If you have not received an account from us within 30 days, please let the practice know immediately.** We will charge the maximum amount of 2% interest per month on all outstanding accounts. You will be responsible for all costs relating to the debt collecting.
5. Membership (principal member or beneficiary) must be valid at the date of healthcare delivery.
6. **Adults (main members & dependents) remain personally and fully liable to settle the full account, irrespective of whether the scheme gave pre-authorisation, paid you directly (and not us) in full, or not.**
7. If you feel that your medical scheme should have paid in full, you can lay a complaint at the Council for Medical Schemes by fax: (012) 431-0608 or at this email address: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com).
8. Patients are encouraged to approach us early on if they experience problems with the payment of the account.

#### COMPLAINTS & CONCERNS

9. The practice aims to ensure that all complaints and concerns are addressed appropriately and expeditiously. Please use the practice's complaints policy and form (available from the head office). The practice urges all persons to use this avenue before taking any action at any external entity.

#### PURPOSE AND NATURE OF HEALTHCARE

10. You confirm that you understand that in healthcare results cannot be guaranteed. Results also depend on how one's body reacts to the treatment and **whether you follow instructions** (e.g. on exercises or lifestyle). You agree to follow the instructions provided to you. If you do not do this, you undertake to not hold the Practice and its staff liable for any negative consequence.

#### CHILDREN AND HEALTHCARE

11. **You confirm that you understand that, as a parent or legal guardian, you are legally liable to cover the cost of your child's healthcare**, even where the Children's Act allows the child to provide consent to treatment without parental consent (12 to 18-year old's)

#### PATIENT / CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT, 2003)

12. You must adhere to the **rules of the Practice and any instructions** given to you
13. You have the right to **ask questions** and to have them answered. If you do not ask any questions, we will assume that you have understood everything and are fine with everything.
14. You and/or your family or other persons that come to the Practice shall treat all staff with respect. If not, we are allowed by law to refuse to treat- or to continue to treat you or your children. In such cases we will refer you to another Practice.

#### CONSENT TO TREATMENT

15. The physiotherapist has explained to you about the treatment as well as the benefits and risks of this.
16. Your treatment may include physical activity. All exercise testing and physical activity sessions will be supervised and monitored by a qualified physiotherapist. There are inherent risks associated with physical activity and you recognize that it is your responsibility to provide accurate and complete medical and health history and tell the physio if you feel unwell,
17. You consent to the physiotherapist performing the appropriate procedures and modalities required for your treatment, having explained the procedures and potential complications and subject to the physio performing the appropriate safety tests, evaluation and taking relevant precautions. You understand the physiotherapist will need to make physical contact but will always preserve my privacy. It is my right to withdraw consent at any time or for a specific procedure or modality.
18. You have the right to refuse treatment and as such also understand that if I refuse, the physiotherapist must explain the consequences of refusal to me. Subsequent to this, you will bear the consequences of this refusal and not hold the physiotherapist liable.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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