



TERMS AND CONDITIONS FORM

Please take the time to read and understand the following.
We will ask you to provide consent at your first appointment.

TERMS AND CONDITIONS OF A TO Z PHYSIOTHERAPY:

1. **Declaration:** I hereby confirm that all information I have provided to A to Z Physiotherapy is complete, truthful and accurate and I have declared all relevant details. I agree to notify A to Z Physiotherapy immediately to update my details if they should change in the future.
2. **Disclosure of information:** I understand that my health professional may need to contact my GP/Specialist or other allied health professionals, case managers and medical imaging centers if my condition needs to be co-managed. I give permission for A to Z Physiotherapy to disclose relevant personal information to ensure I receive the best care and ongoing management.
3. **Physical Contact / Consent:** I acknowledge that it may be necessary for my health professional to make physical contact for assessment and treatment purposes and/or to correct technique and provide feedback. I accept responsibility for my own body and have the right to withdraw consent or decline treatment and/or participation if I feel uncomfortable, and the physical contact will cease immediately.
4. **Duty of Care:** I agree to disclose all details including illnesses and injuries to A to Z Physiotherapy prior to the commencement of a physiotherapy consultation, workshop or exercise class I will be attending. I understand that withholding information may compromise the effectiveness of my assessment and/or treatment. I acknowledge that I have no medical conditions which would affect my full participation and safety. Should I have a medical condition of concern, I have permission from my GP/Health professional to participate in such sessions/classes. I acknowledge that, while there is a low risk of injury associated with participation in workshops, classes and Physiotherapy consultations, I accept that I am entirely responsible for any risks, damages, pain or injury (known or unknown) I may experience whilst participating in these sessions/classes. I accept that A to Z Physiotherapy (including all employees and contractors) are not liable for any injury that occurs within the consultation or class environment and the loss, damage and expenses associated as a result of pain or injury.
5. **Financial Responsibility:** I acknowledge that I am financially responsible for all services (and associated costs) provided by A to Z Physiotherapy and undertake to pay all invoices in full, even in the event that my Private Health Fund, Compulsory Third Party, insurance company or Medicare (including Bulk Billed) Claim is rejected. All accounts are to be settled at the time of consultation or prior to the session commencing.
6. **Late notice/Cancellation Policy:** My ideal outcome is dependent on maintaining the ideal management plan with my health professional at A to Z Physiotherapy. If I need to change or reschedule an appointment, I agree to allow A to Z Physiotherapy 24 hours notice to organize to care for someone else at that time. If I am unable to do so, I understand there will be a late notice / non-attendance fee.
7. **Privacy and Confidentiality:** All personal information gathered, including personal details, remains confidential. Please refer to our [Privacy Policy](#) on our website (or ask to see a copy) for more details.
8. **Video recordings and/or photographs:** I understand that my health professional may take photos or videos during my assessment to assist in my education. I give permission for A to Z Physiotherapy to undertake video footage and/or photographs, where I may be featured, for future assessments, treatments, home programs and ongoing management. These will not be used for marketing purposes.

MARKETING AND MODEL RELEASE INFORMATION:

I understand video footage and/or photographs may be taken during classes, workshops and consultations and may be used for future product development, advertising, promotion, and marketing purposes by A to Z Physiotherapy. If I consent for my image to be featured in future product development, advertising, promotion and marketing, I understand that A to Z Physiotherapy reserves the right to use video footage and/or photographs in any form of marketing material. I understand that I reserve the right to have any still images, where my image is featured, removed from advertising, promotion and marketing materials at any time by providing a written letter to management at A to Z Physiotherapy.