



## Consent to Physiotherapy Treatment at Life Bay View Private Hospital

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

Diagnosis: \_\_\_\_\_ Physician: \_\_\_\_\_

**You have been referred to our practice by your treating physician.**

Consent is hereby given to "Theo Pauw Inc" to provide you with this service during your stay in Life Bay View Private Hospital and to provide follow-up care where indicated. **This consent can be revoked by you at any time.**

A physiotherapy file will be kept in your Life Bay View Hospital file. All contact sessions and treatment plans will be charted on this file. A second file is kept safely on our premises for administration purposes and as a legal requirement. All treatment sessions and billing information will be kept on this file.

The treating physiotherapist will spend time to **explain to you the expected treatment plan/intervention**. Also see "*Billing Consent*" and "*Consent to Access to Personal Information*"

### **Consent to Access to Personal Information:**

During hospital admission you provided all your personal and medical aid information to Life Bay View Private Hospital. The administration department compile this information into a "**Doctors Information Sheet**" which they keep in your file to streamline the process of accessing the information by each service provider that will be involved with your stay at the hospital.

This form serves as **consent for the treating physiotherapist to take a physical copy** of this form ("*Doctors Information Sheet*") back to the practice for purposes of opening a treatment file and establishing correspondence with your medical aid for billing purposes.

We take the responsibility to ensure that this information will be kept in strict accordance with the Protection of Personal Information Act (POPI) Act Nr 4 of 2013. The information will only be available to the **practice administration department, MediSwitch and your Medical aid Scheme**. A physical file will be kept on our premises for a minimum period of six (6) years.

We will **not share this information with any third party other than mentioned** and the physical file will be kept safe, accessed only by above mentioned.



### Billing consent Form

Please be advised that the following information regarding the proposed physiotherapy treatment needs to be read and understood. If any of the information is unclear please ask the physiotherapist on their first visit to explain this form to you in detail. You will also be required to sign at as proof of this process.

Due to the process of informed consent we as “Theo Pauw Inc” need to provide you with exact **information regarding the proposed service to be delivered and the cost thereof.** The treating physiotherapist will take time during their first evaluation/treatment to explain the expected duration and number of contact sessions to you. This will include the goals and targets set out in our protocols developed in consultation with the physicians.

Because we are an **independent service provider our billing will be done separately from those of the doctors and hospital.** Most Medical aids see in-hospital physiotherapy as an essential service and will cover the cost there of. It is however still the **patients prerogative to ensure that your medical aid does cover this service during your stay in hospital.** If in the event that the service is not covered, **you as patient will still be held responsible for settling the account** at your earliest convenience.

The Practice only **bill medical aid rates set out according to the various medical aids and the Board of Healthcare Funders.** The claims will be sent directly to your medical aid from where you will receive correspondence regarding the claim. In the event of **afterhours and weekend services** that is deemed **“essential continuation of care” or “emergency treatment”** we may charge an afterhours fee which may/or may not be covered by your medical aid. Due to the unpredictable nature of the recovery period it is difficult to give you exact figures and treatment codes to be claimed, but if you wish to receive a more detailed billing proposal please advise the treating physiotherapist. They will provide you with a personalised report based on your expected recovery and physiotherapy needs. If any changes occur due to unexpected events, this will be done with your prior consent.

Kind Regards and we hope you have a speedy recovery and a positive experience at the hands of your treating physiotherapist.

This consent is given out of my own accord and was not made under duress.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at  
Bay View Life Hospital by (full name):

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

Physiotherapist name: \_\_\_\_\_ Signature: \_\_\_\_\_