

## **CONSENT FORM – ASSESSMENT AND TREATMENT**

### **Consent to Assessment and Treatment**

Written consent is a legal requirement prior to assessment and/or treatment taking place.

I, \_\_\_\_\_, consent to Physiotherapy assessment and treatment which may include testing and aiming to improve some, or all of the following:

- Strength
- Movements
- Balance
- Walking
- Sensation
- Functional activities

If the client does not have the capacity to understand, consider and communicate the decision to receive or decline Physiotherapy intervention, and or have parts of the therapy session recorded, then the client's next of kin / representative will be asked to give consent on their behalf:

Next of Kin / Representative Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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

## 2. Consent to Sharing of Information

Consent is required in relation to the sharing of written, photographic, video and verbal information with health and/or education professionals related to your care. We will not discuss your care with others unless prior consent is provided.

Please read through the list below.

Place a **tick** in the boxes to which you give consent.

Place a **cross** in the boxes to which you do not give consent.

- A. Other Independent or Statutory Service Physiotherapists
- B. General Medical Practitioner or Medical Team involved
- C. Your Case Manager, Insurer and/or Litigation Team involved
- D. Any other, please state below:

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## 3. Audio-visual Content (Photographs, Videos, Audio)

It is sometimes clinically appropriate to video record and/or photograph parts of therapy or assessment sessions purely for comparison purposes.

In such cases the clinical reasoning of this activity will always be discussed with you and/or your next of kin prior to each photograph or video.

Please indicate consent by placing a tick in the box if you give consent to photographic and/or video recording. You will also be asked prior to each video/photograph being taken

Place a cross in the box if you do not give consent.

Print Name: \_\_\_\_\_

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

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

## CONSENT FORM – PRIVACY POLICY

This privacy policy as part of the consent form sets out how Physio4kids uses and protects any information that you provide us when carrying out our rehabilitation services.

Physio4kids is committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified when using our services, you can be assured that it will only be used in accordance with this privacy statement. This policy is effective as from today.

### ***What we collect***

We may collect the following information:

- Information in relation to this consent form;
- Further clinical information in relation to reports from other health professionals.

### ***What we do with the information we gather***

We require this information for the purpose of:

- Professional clinical record keeping of patient information;
- Sharing information with relevant health professionals.

### ***Security***

We are committed to ensuring that your information is secure. In order to prevent unauthorised access or disclosure, we have put in place highly encrypted electronic systems and managerial procedures to safeguard and secure the information we collect.

### ***Controlling your personal information***

We will not distribute, sell or lease your personal information to third parties unless we have your explicit permission or are required by law to do so.

You may request details of personal information which we hold about you under the Data Protection Act 1998. If you would like a copy of the information held on you, please contact Gina Farmer, Data Protection Officer, at this address: Physio4kids, 2 Far Meadow Way, Emsworth, Hampshire, PO10 7PA

If you believe that any information, we are holding on you is incorrect or incomplete, please email or write to us as soon as possible at the above address. We will promptly correct any information found to be incorrect.

### ***How you can withdraw and request to be deleted from our files***

If you do not wish us to make use of your Personal Information in this way, please contact Gina Farmer, or email [physio4kids.gina@gmail.org](mailto:physio4kids.gina@gmail.org). You have the right to withdraw consent.

Should you have any queries in relation to General Data Protection Regulation (GDPR) here are the contact details of our Data Protection Officer:

Name: Gina Farmer

Email: [physio4kids.gina@gmail.org](mailto:physio4kids.gina@gmail.org)