

Coronavirus Patient Consent Form

Patient Name: _____

I consent to physiotherapy assessment and treatment as deemed appropriate by the named therapist working on behalf of The Whitewater Clinic. I understand that a video consultation is an option but have discussed this and have chosen to have a face to face appointment. I am happy that the clinic is taking the appropriate steps to provide me with adequate protection against the Coronavirus (Covid 19), as defined on the date of this appointment, by the Government and Public Health England guidelines. I am happy to adhere to their process requests and understand that refusal to do so may result in the therapist being unable to treat me. I am aware that I can withdraw consent for further treatment at any time. If self-paying I am responsible for payment of all treatment received and understand that missed appointments will incur a full fee and appointments cancelled with less than 24 hours' notice will incur a cancellation charge of 50% of a treatment fee.

Signed: _____

Date: _____

Name and relationship to client, if client is under 16 or unable to provide informed consent:

GENERAL DATA PROTECTION REGULATIONS (GDPR) The Whitewater Clinic is compliant in handling your personal data under GDPR. You can read our full Privacy Policy on the clinic website. The policy covers how and why we collect information about you, how we use it, how we keep your data safe and your rights. I consent to The Whitewater Clinic collecting my personal data and sharing it with my GP/Consultant/other medical professionals/insurance company, as appropriate and contacting me by phone, text or email regarding my physiotherapy appointments/treatment.

I consent for my details to be given to the Government Track and Trace Team should this be required as part of the measures in place to prevent the spread of Covid-19.

Signed: _____

Date: _____