



Client Informed Consent Form

Private Practice

Client Name: _____

Date of Birth: __/__/

I _____, as a client of _____(practice)
hereby consent to the following:

- that Physiotherapy students from Bond University, will be involved in the provision of services to me at this practice, under the supervision of a qualified and registered Physiotherapy practitioner.
- that Physiotherapy students involved in provision of services to myself, will have access to information in my client record and,
- that the Physiotherapy student may contribute appropriate records and documentation regarding services provided to me by the student, into my client record, under the supervision and approval of the supervising Physiotherapy practitioner.
- that the Physiotherapy student will disclose and discuss information and issues relevant to my health and well-being with the supervising Physiotherapy practitioner in order to provide me with appropriate and quality service/s.
- that with my verbal consent, consultations and/or treatment sessions may be observed by other students and/or the practitioner for the purpose of instruction, supervision or evaluation of the student.
- that strict confidentiality and respect for my privacy is maintained at all times by any student/s that is/are involved in direct or indirect service provision to me, or whom I permit to observe consultations with myself, in accordance with professional practice standards and the Australian National Privacy Principles.

Signed: _____

Date __/__/

Witness: _____ **Date** __/__/