

TERMS AND CONDITIONS AGREED TO BY CLIENTS / PARENTS / GUARDIANS

*Please ask us, at the Practice if you, the client, do not understand any of the clauses below.
Please take a copy home.*

ABOUT THIS PRACTICE

This Practice provides land-based and aquatic physiotherapy services and our mission for the Practice is to provide good quality, evidence-based physiotherapy with the main goal of improving all of our clients' quality of life. As health practitioners we adhere to the guidelines and code of conduct as set out by the South African Society of Physiotherapy (SASP) and the Health Professions Council of South Africa (HPCSA). The values and ethos that underpin our work include honesty, integrity and passion and we always strive for excellence.

PRICING/FEES AND PAYMENT

1. This Practice is not contracted into any medical schemes and the client or person responsible for payment, must settle the account in full at the end of each treatment session. A copy of the full billing policy of this Practice is available at reception.
2. It is the responsibility of the client, or the person responsible for payment, to provide the Practice with all relevant and accurate medical aid information in order for us to provide you with a statement compatible with the medical aid requirements. The statement remains your responsibility to submit timeously to your medical aid in order for the medical aid to refund you directly. Depending on what scheme and option you are on, the medical aid may pay a portion or all of the treatment codes billed to you as the client.
3. Our fees cover your Practice visits and any equipment used in the treatment / care.
4. Our fee structure is available at reception.
5. Please note that the cost of healthcare sometimes depends on how your body reacts: it may take longer for some clients to recover, and treatment duration will differ according to your needs.
6. **Adults (main members & dependents) remain personally and fully liable to settle the full account.**
7. If your account is not paid after the 30 calendar days, we will give, in terms of the National Credit Act, notice of 20 working days and if you fail to settle the account within 10 days, we will undertake debt collection processes. **This may result in you having a bad credit record.** We will charge the maximum amount of 2% interest per month on all outstanding accounts. You will be responsible for all costs relating to the debt collecting.
8. If you feel that your medical scheme should have paid in full, you can lay a complaint at the Council for Medical Schemes by fax: (012) 431-0608 or at this email address: complaints@medicalschemes.com.

SCHEME INVESTIGATIONS

9. In some cases, your medical scheme may differ in its interpretation as to the coding we use, or as to whether our services are needed or not. By choosing this Practice, you understand and acknowledge that you pay the Practice upfront for services received and you can submit the account thereafter to your medical scheme. Depending on your scheme and option, you may only be refunded a portion of the full amount.

ON TIME OF PERFORMANCE OF SERVICE

10. Although we will do our best to render services at agreed times, legitimate circumstances could prevent this. By agreeing to our services, you agree to this uncertainty. We will, if possible, inform you if we run late.
11. If you do not keep an appointment, and do not inform us within 24 hours, and we are unable to fill that slot, you will be billed the full amount for that session, as set out in the personal information form you have signed.

COMMUNICATION WITH THE PRACTICES

12. You can contact us telephonically on 0212068523 or via email (admin@keryncowellphysio.co.za). If you are experiencing a medical emergency, and you are unable to get hold of the Practice, please go to the nearest emergency unit.

CLIENT FEEDBACK

13. The Practice values your feedback and comments regarding our service and your experience at the Practice. Should you wish to share your compliments, concerns or complaints with us, please enquire at reception for our feedback and complaints policy and complete the relevant form. The Practice aims to ensure that all feedback, concerns and complaints are taken seriously and addressed appropriately and expeditiously. The Practice urges all persons lodging a complaint to use this avenue in order to allow the Practice the opportunity to address and/or remedy any concerns or complaints.

CONFIDENTIALITY

14. This document constitutes a contractual agreement by the Practice to protect all personal information.
15. We will use your information only in relation to your healthcare.
16. **We can only release information with your written consent**, even if a family member requests the information. This applies to all persons 12 years or older.
17. The law compels us to disclose your personal information in the following situations:
 - 17.1. To your medical scheme: a diagnostic code and details of the treatment, so that the scheme can evaluate whether it falls within your benefits.



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- 17.2. To other healthcare professionals: Information that is necessary and in your best interest in terms of the National Health Act.
18. Some medical schemes provide all information to the principal (main) member. We are not liable for any personal information disclosed as a result of your medical scheme's disclosures.

PURPOSE AND NATURE OF HEALTHCARE

19. You confirm that you understand that in healthcare results cannot be guaranteed. Results also depend on how one's body reacts to the treatment and **whether you follow instructions** (e.g. on exercises or lifestyle). You agree to follow the instructions provided to you. If you do not do this, you undertake to not hold the Practice and its staff liable for any negative consequence. _____(initial)

CHILDREN AND HEALTHCARE

20. **You confirm that you understand that, as a parent or legal guardian, you are legally liable to cover the cost of your child's healthcare**, even where the Children's Act allows the child to provide consent to treatment without parental consent (12 to 18-year old's).
21. All minors (under 12 years old) entering into the Practice must be accompanied by a parent/guardian or a nominated responsible adult.

EQUIPMENT

22. In the interest of health and hygiene we may be prevented from taking back and refunding certain equipment.

CLIENT / CONSUMER DUTIES (NATIONAL HEALTH ACT, 2003)

23. You must adhere to the **rules of the Practice and any instructions** given to you by staff or healthcare professionals.
24. You have the right to **ask questions** and to have them answered. If you do not ask any questions, we will assume that you have understood everything and are fine with everything.
25. You and/or your family or other persons that come to the Practice should not harass the healthcare professionals and staff. All staff must be treated with respect. If not, we are allowed by law to refuse to treat- or to continue to treat you or your children. In such cases we will refer you to another Practice.

Signature of client / parent / guardian

Date

Witness

confirming that s/he understood and agrees to the above terms and conditions