

CONSENT FORM

I consent to physiotherapy assessment and treatment as deemed appropriate by the Harpenden Home Physiotherapist.

I am aware that I can withdraw consent for further treatment at any time.

I understand I am responsible for the prompt payment of all assessment and treatment received and understand that missed appointments and appointments cancelled with less than 24 hours' notice may incur a cancellation charge of 50% of a treatment fee unless a valid reason is given.

Name/signed

Date:

Relationship to client if client is unable to provide informed consent:

GENERAL DATA PROTECTION REGULATIONS (GDPR)

Harpenden Home Physio is compliant in handling your personal data under GDPR. **Click here** to read our full Privacy Policy.

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 Harpenden Home Physio collecting my personal data and sharing it with my GP/Consultant/other medical professionals, as appropriate and contacting me by phone, text or email regarding my physiotherapy appointments/treatment.

Signed:

Date: