

# WHITSTABLE PHYSIOTHERAPY CLINIC

## CONSENT FORM

**Name:**

I consent to Physiotherapy assessment and treatment as deemed appropriate by the named Physiotherapist working on behalf of Whitstable Physiotherapy Clinic.

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:**

Relationship to client if client is under 18 or unable to provide informed consent:

## GENERAL DATA PROTECTION REGULATIONS (GDPR)

Whitstable Physiotherapy Clinic is compliant in handling your personal data under GDPR. You can read our full Privacy Policy on our website: [www.whitstablephysio.co.uk](http://www.whitstablephysio.co.uk) or view a copy in the clinic.

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 Whitstable Physiotherapy 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.

**Signed:**

**Date:**