



### Therapy Consent

Clinicians will discuss your disability/condition and options for treatment with you so that you are appropriately informed and can make decisions relating to treatment. You may choose to consent to or refuse any form of treatment for any reason including religious or personal grounds. You have the right to a second opinion at any time. Once you have given consent, you may withdraw that consent at any time. Consent may be gained from your Next of Kin on your behalf if you are unable to do so yourself.

**Questions of a personal nature:** Your treating clinician may ask personal questions relating to your disability/condition and how your disability/condition impacts on your activities of daily living to guide their treatment. It is your choice as to what information you choose to provide. If you feel uncomfortable with a particular question or group of questions, please let the treating clinician know.

**Physical contact:** During the examination, assessment, and treatment it may be necessary for your treating clinician to make physical contact. Your treating clinician will ask your permission before making physical contact with you in any way. You may withdraw that consent at any time. Please inform your treating clinician if you feel uncomfortable at any time.

**Risk related to treatment:** The treating clinician will discuss any risks with you prior to administering treatment. In some cases, the treating clinician may ask you to read information related to a particular treatment and they may request that you sign a further consent form. This is to ensure that you fully understand any risks involved. You may withdraw your consent at any time.

**Substituted consent:** Where a person is incapable of understanding the risks and benefits of treatment, consent may be provided by another person legally authorised to provide such consent. Evidence of legal authorisation is required in such circumstances.

**Emergency Transfer:** Anyone becoming unwell during their therapy will be assessed by hospital staff. If staff deems that my condition requires transfer to acute hospital, I acknowledge that staff will contact NSW Ambulance Service for an emergency transfer to a Public Hospital Emergency Department.

**Responsibility of Valuables:** I understand that any valuables that are in my possession whilst at therapy are held at my own risk.