*Rebecca Simpson*

Physiotherapy

*Making your life better…*

 

**Welcome to Rebecca Simpson Physiotherapy**

Terms and Conditions of Consultation and Treatment

# My commitment to you

You will always be seen by me. I am a fully qualified Physiotherapist who is registered with the Health Care Professions Council. I will assess and treat you in line with the Chartered Society of Physiotherapy’s strict code of practice. After assessment I will explain my findings and propose treatment if appropriate, explaining what is involved, any risks and if possible an estimate of the number of treatment sessions and time period required. You may decline any of the treatments proposed, without prejudice.

Your initial assessment and treatment will either be in the privacy of my treatment room, a clinic or your home. Treatment location will be agreed prior to assessment.

Your appointment/s will be scheduled according to your needs and my availability.

All patients are treated equally.

If you are unhappy in any way please discuss the matter with me immediately so that I can rectify any concerns.

A letter is normally sent to your GP or referrer unless you request otherwise (see ‘Declaration’ below).

# Your commitment to me

You will provide any information needed in order that I can effectively assess and treat you (this is usually covered by answers to questions during assessment, and by bringing a list of medication that you are currently taking).

Payment by cash or cheque will normally be made at the time of your appointment, unless you have an approved arrangement with a medical insurance provider.

Arriving late for an appointment may result in you receiving a shorter treatment. Full payment will still be required.

Full payment will be charged for any appointments missed without informing me, and a half fee will be charged for appointments cancelled less than 24 hours in advance.

You are personally responsible for ensuring payment for appointments even if you are funded by a third party such as an insurance company. Should there be any problems over payment by a third party, ***it will be your responsibility to settle any debt*.**

# Declaration

I have read and agree to the above terms and conditions.

I do / do not give permission for my GP / referrer to be contacted.

(delete as appropriate)

Name……………………………………………………………………………………….………………………..

Signature…………………………………………………………………. Date…………………………………