

**Conditions of Service**

- You or your child will be examined and treated in line with the British Association of Prosthetists and Orthotists strict Code of Practice by a qualified Orthotist, Registered with the Health and Care Professions Council.
- All personal data is recorded and stored as per Great Gait GDPR privacy policy
- All paper documentation is kept locked in cabinets.
- For legal reasons, patient information will be held for 8 years for an adult or until a child reaches the age of 24, after their last appointment being seen by the service.
- Your appointment/s will be scheduled according to your needs and to the best of our ability.
- All patient related information is taken in the strictest of confidence. However, in the event of disclosure which highlights risk to the patient or others, we will be required to pass the information on to the relevant professionals/organization.
- You will receive a highly professional service, please respond in kind. Threatening or violent behavior will not be tolerated. All input will be withdrawn, but you will still be charged at the full agreed rate. If required, we will pursue criminal prosecution.

**Consent to Treatment**

- I hereby give consent for orthotic assessment (once assessment is complete the orthotist will provide information and discuss the proposed treatment plan).
- I have the right to decline part of or all of the treatment offered to me/my child at any given time. Any bespoke orthoses that have been manufactured, prior to my decline in treatment, will be paid for in full.
- I agree to inform the orthotist immediately of any changes to my/my child's medical history.
- I understand that pre-payment is required for appointments and for manufacture of orthoses.
- I agree to pay in full for missed appointments or appointments cancelled with less than 24 hours notice.
- I must inform the orthotist of any other practitioner that I/my child is seeing besides my GP.
- I hereby give consent for the orthotist to liaise with my GP to obtain and exchange information relevant to my/my child's treatment.
- I consent to a copy of my/my child's assessment and treatment records being sent to relevant health professionals
- I acknowledge that orthotic treatment is available on the NHS.

<b><u>Signature of parent/Legal Guardian or Patient as appropriate</u></b>	<b><u>Date</u></b>

**I confirm that I have read, understand and am satisfied with the Great Gait Privacy information notice**

<b><u>Signature of parent/Legal Guardian or Patient as appropriate</u></b>	<b><u>Date</u></b>

