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Informed consent to the provision of physiotherapy

Physiotherapy health services can only be provided with your free and informed consent, as regulated in particular *by Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons in connection with the processing of personal data and on the free movement of such data and on the repeal of the Directive 94/46/EC (general regulation on the protection of personal data, Act No. 110/2019 Coll., on the processing of personal data, and Act No. 372/2011 Coll. on health services and their provision conditions (Act on Health Services) as amended.*

1. Purpose and nature of physiotherapy:

Physiotherapy is a non-medical health field focusing on the prevention, diagnosis and treatment of disorders of the musculoskeletal system. Through proven therapeutic procedures, physiotherapy affects, maintains or restores a person's mobility if these functions are impaired by inappropriate loading, injuries, diseases, aging and the like.

2. Information about treatment and its options:

The health service provider is obliged to ensure that you are sufficiently informed in an understandable manner about your health condition, about the proposed individual treatment procedure and all its changes. The health service provider is obliged to allow you or a person designated by you to ask additional questions related to your health condition and the proposed health services.

You have the right to receive information about:

- the cause and origin of the disease, if known, its stage and expected development,
- the purpose, nature, expected benefit, possible consequences and risks of the proposed health services, including individual health services,
- other options for providing health services, their suitability, benefits and risks for the patient,
- further necessary treatment,
- restrictions and recommendations in the way of life with regard to the state of health.
- to waive submission of information about your health status, or you can specify to which person it should be submitted.

3. Processing of personal data

You agree to the processing of your personal data (GDPR) necessary for the provision of health care, the details of which are kept in a separate form. In the event that you do not provide your personal data to the healthcare service provider, the provider does not have to provide you with these services, as this would be contrary to its legal obligation.

4. Possibility to experience/change the date of physiotherapy

- The reserved therapy date can be modified/cancelled no later than 48 hours in advance - select the "Agenda" tab in the reservation system and modify/delete the selected reservation, or send an SMS (at any time, including weekends, holidays, etc.).
- Later change or cancellation of the reservation is subject to cancellation conditions. For booking an unfulfilled date, you will pay 50 % of the price of the service or 1/2 of the entrance if you have a pre-paid season ticket. The price of a late canceled or unused service must be paid within 14 days in cash or by bank transfer.

- If You arrive late, the service will be performed, but will end at the originally scheduled time. Its scope will therefore be proportionally reduced by the time of the late arrival. The price of the service is not proportionally reduced in any way and remains at its original amount as if you had arrived on time.

5. The provider has the right to refuse you the provision of services in the event

- when there would be a direct threat to his life or a serious threat to his health during their provision (infectious diseases, psychosis, states under the influence of narcotic/addictive substances, aggressive behavior),
- when he/she has fully occupied capacity,
- If your treatment could be in conflict with professional standards or could endanger the health of the Client (e.g. in the case of a serious medical condition, for the diagnosis and treatment of which the provider does not have the appropriate professional and specialized competence or technical and physical equipment),
- If providing them contradicts his conscience,
- If you repeatedly violated and did not follow the treatment procedure,
- If you have repeatedly violated the terms and conditions,
- If you have unpaid claims against the provider.

6. Exclusion of liability of the Service Provider

- The Service Provider is not responsible for any damage to the Client's health or damages that arise as a result of the Services provided by him in the event that the Client conceals serious facts related to his health condition that could endanger the Provider or the Client himself and/or the correct provision of the Services.

I understand, acknowledge that:

- the services provided do not replace medical care,
- the care provided is not covered by public health insurance and is also subject to cancellation fees specified in the price list and in the provider's terms and conditions,
- I am a person capable of performing legal acts, or I am accompanied by my legal representative,
- I do not withhold any information known to me about my state of health that could adversely affect my treatment or endanger my surroundings, especially through the spread of an infectious disease,
- due to the form and scope of the health service provided, it is enough for me to be informed about the above facts by the provider verbally.

With my signature, I confirm that no pressure was exerted on me during the process of familiarizing myself with the above-mentioned information related to informed consent, I had enough time to read everything and, if necessary, ask the provider additional questions.

With my signature, I confirm that I fully understand and agree with the above information.

Client:

Date:

Name, surname: Signature:

Legal representative of the client:

Date:

Name, surname: Signature: