Informed consent

Dear client,

Welcome to SPINEZIO fyzioterapie s.r.o. We appreciate your trust in us, so please pay close attention to the following information.

The physiotherapist who will lead you during the healing process will inform you about the nature of the therapy, its consequences and its risks. He or she is prepared to answer all of your follow-up questions regarding the selected physiotherapeutic treatment.

We use various physiotherapeutic methods to treat our clients (e.g. mobilization techniques, neurophysiology-based exercises, soft tissue techniques, dry needling...). During the treatment, you may experience a short-term, temporary worsening of your conditions, which is a natural reaction of the organism to the changes caused in your body by therapy. These effects typically cease after a couple of days, when the overall condition improves significantly. If the worsened conditions last for more days, please contact your physiotherapist through our reception desk.

If for any reason you are unable to come for the arranged session, please let us know over phone, via email or a text message at least 24 hours before the time of the session. If you cancel the session later or not at all, we will demand 100% reimbursement for the therapy session (cancellation fee). If you arrange a substitute for the booked appointment, no cancellation fee will apply. Payment details will be sent to you via text message including the QR code. We appreciate your cooperation and consideration for other clients' and the therapist's time

I confirm that I have truthfully informed the physiotherapist about my health conditions and that I am aware of possible consequences of hiding or not disclosing all relevant information.

I leave the specific way of handling the physiotherapeutic treatment at the physiotherapist's discretion, based on mutual agreement. However, I have the right to ask follow-up questions about further methods of physiotherapeutic treatment, express my opinions and decline them.

I confirm that I have read and understand the information above.

Consent with the usage of personal information from the medical documentation of SPINEZIO s.r.o.

I thereby grant SPINEZIO s.r.o. my consent with their processing of my personal information for the purpose of providing follow-up treatment, in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council (3) (the General Data Protection Regulation, GDPR), as amended.