FYZIOCARE

INFORMATION UPON ADMISSION TO CARE

and Agreement on Organisational Arrangements for the Provision of Healthcare Services

Dear Patient,

Welcome to FYZIOCARE s.r.o., with its registered office at Pod Labuťkou 782/17, Libeň, Prague 8, Company ID (IČO): 29137195.

We greatly appreciate the trust you have placed in us. Please read the following information carefully.

Information on Service Fees

Before commencing treatment, please note that some healthcare services or services related to the healthcare provided may not be covered by public health insurance or may be covered only partially. You will be informed of the price of such services before they are provided.

All prices are listed in the Price List, which is available at reception and at www.fyziocare.eu. You will receive a receipt or other proof of payment for all services paid for.

Administrative Fee for Reception Services

The administrative fee is intended to cover the costs associated with reception services that are not reimbursed by health insurance providers but are nevertheless essential to ensuring the high standard of care provided by FYZIOCARE s.r.o.

Reception services include providing and maintaining the client area and facilities, information and assistance services, and management of client profiles and documents. They also include maintaining a clean, friendly and welcoming environment, including the provision of filtered water or coffee. Reception staff are also available to assist mothers arriving with children and pushchairs.

The administrative fee of CZK 700 covers the services described above and is payable once every 12 months.

Payment of this fee is not a condition for the provision of healthcare covered by public health insurance.

Contractual Fee for Failure to Attend a Therapy Session

In addition to the rules set out in the *Internal Rules*, and in order to organise our schedule so as to provide the highest possible level of care, we kindly ask you to accept the following rules:

1. If, for any reason, you are unable to attend your scheduled appointment, please cancel it in good time by telephone, e-mail or SMS, no later than 24 hours in advance.
2. In the event of late cancellation (less than 24 hours before the scheduled appointment) or failure to attend without prior notice, a cancellation fee may be charged. For therapy not covered by public health insurance, the fee may amount to 100% of the price of the therapy; in other cases, a fee of CZK 300 or CZK 600, depending on the duration of the therapy, may be charged.

   If the patient arranges for another person to attend the appointment in their place, no cancellation fee will be charged. Payment details, including a QR code for payment, will be sent to you by SMS.

3. In the event of a sudden health problem or other particularly serious circumstances, the contractual fee for failure to attend will be assessed individually.

Thank you for your understanding and for respecting the time of your therapist and other patients.

Information on Patient Rights

An important aspect of the proper provision of healthcare is ensuring that you are familiar with your rights and responsibilities as a patient.

Detailed information about patient rights, including the possibility of designating persons entitled to receive information about your health status, prohibiting the disclosure of such information, or waiving your right to receive information about your health status, can be found in the document *Patient Rights and Responsibilities*, which has been provided to you for your information.

If you wish to designate a person who may receive information about your health status, please complete the document *Authorization of Persons Entitled to Receive Information About My Health Status*.

Personal data are processed in connection with the provision of healthcare services. Further information about the processing of personal data can be found in the document *Information for Patients on the Processing of Personal Data*, which has been provided to you for your information.

Operation of the Clinic

We make every effort to accommodate our patients' needs and to ensure optimal conditions for the provision of healthcare. For this purpose, certain rules are set out in our *Internal Rules*, which have been provided to you for your information.

At the same time, we aim to provide you with the highest possible level of comfort through our reception services.

All documents provided to you for your information are also available at www.fyziocare.eu.

FYZIOCARE

Information on the Nature of the Treatment Process

The physiotherapist responsible for your treatment will provide you with information about your health status. You also have the right to waive your right to receive information about your health status.

Based on your health status, the physiotherapist will propose an appropriate course of treatment and provide you with information about the purpose and nature of the therapy in your particular case, as well as its alternatives, consequences and risks. Your physiotherapist is available to answer any additional questions you may have concerning the proposed physiotherapy treatment.

In caring for our patients, we use various physiotherapy approaches, including mobilisation techniques, exercises based on neurophysiological principles, soft tissue techniques and, for example, dry needling. You will always be informed about the relevant methods when the proposed physiotherapy treatment is discussed with you.

Treatment may result in a temporary, short-term worsening of your symptoms. This may be a natural response of the body to the changes induced by therapy. Such symptoms usually subside within a few days, followed by a significant improvement in the overall condition. If the worsening of your symptoms persists for several days, please contact your physiotherapist through reception.

I declare that I have provided the physiotherapist with truthful information about my health status and that I am aware of the consequences of withholding or failing to provide all relevant information.

I declare that I have read and understood all of the information provided above.

Patient's full name:

Date of birth: _____ Telephone number: _____

Date and signature of the patient or their legal representative:

By signing, I agree to the cancellation policy set out above and confirm that I have familiarised myself with the documents referred to above.