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Mater Health Centre

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Post-Operative Rehabilitation

Musculoskeletal Physiotherapy

Shoulders & Knees

Backs & Necks

Sports Physiotherapy

Injury Prevention

Headaches

Core Stability & Pilates

Dry Needling / Acupuncture

Neurological Physiotherapy

Cardiorespiratory Rehabilitation

Pulmonary Physiotherapy

Oncology Rehabilitation

Chronic Disease Management

Exercise Classes

Men's Health & Continence

Women's Health & Continence

Mars Clinic

(Children's Continence)



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www.activererehab.com.au

www.marsclinic.com.au

Confidentiality Statement

Active Rehabilitation Physiotherapy

I,, have been advised by *Active Rehabilitation Physiotherapy* of the legal requirement to **protect the privacy and confidentiality** of practice information.

I understand that all patient records, documents, exercise sheets and protocols, as well as any conversations with or between patients, the Practice Principals and other team members either viewed, received or heard by me during the course of my placement at *Active*, constitute **strictly confidential information**.

I shall observe complete confidentiality with respect to all information I come across during the placement. This extends not only to those patients with whom I come into contact and the intellectual property of the practice, but also where I may become privy to any information of a confidential nature relating to the business or affairs of *Active*.

I shall keep all details of these matters and other work related matters confidential and shall not discuss them with any other person without express permission from the Principals.

I acknowledge that any such disclosure is in breach of privacy legislation.

I also understand that this statement will form part of my permanent student file.

Student's Signature: Date:

Supervisor's Signature: Date:
on behalf of Practice Principal