NISHA PILLAY
OCCUPATIONAL THERAPY
Bsc (OT) WITS
Sensory Intelligence® Practitioner; NDT and F.C.E. Trained
Pr. No.: 0490652

INFORMED CONSENT (for participation in FCEs requested by Insurer)

I _____ (name of client), on this date, _____ give my full consent to participating in occupational therapy functional capacity evaluation performed by Nisha Pillay Occupational Therapist.

I understand that although the necessary precautions for my safety and well-being will be adhered to at all times. I fully accept that all activities will be done at my own risk.

I understand and agree that the assessment finding recorded in the report will only be shared with the insurance company. The file will be password protected in compliance with the POPI act.

In order to access the report I understand that I will have to follow the PAIA manual and policy set out by my insurer.

The therapist will approve consent for the insurance company to release the report should you request it from the insurance company.

I confirm that I have read, understand and agreed to the terms and conditions outlined in this document and that I have asked all relevant questions and that they have been answered to my satisfaction.

I therefore agree to give full indemnity to the therapist and the practice in which I will be assessed for insurance purposes. Full indemnity will include any claim against the therapist or establishment for a loss of any nature or severity.

I understand and accept the conditions of the assessment and indemnity for myself as stated as above.

SIGNATURE OF CLIENT: _____

SIGNATURE OF THERAPIST:

DATE:

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