

HAND AND UPPER LIMB SURGEON

Brisbane Hand & Upper Limb Clinic
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CARE AGREEMENT

Patient Name: _____ **DOB:** _____

Thank you for attending the practice of Dr Steven Frederiksen. Your care is a joint responsibility.

During the process of care, Dr Frederiksen is responsible for providing to you, care of a standard that is widely accepted by professional peers as competent professional practice. Dr Frederiksen is obliged to warn you of the risks associated with your care that a reasonable person in your position would require to know. This information will enable you to make a reasonably informed decision to accept the advice given to you or to undergo the treatment recommended by Dr Frederiksen. Dr Frederiksen is obliged to provide you with all the information he believes you require, prior to making a decision, in regard to the recommended treatment and/or the advice provided by Dr Frederiksen.

It is your obligation to ensure you understand the treatment and advice recommended by Dr Frederiksen. It is your responsibility to ensure you ask for as much information as you require to properly understand what is proposed and to ask questions of Dr Frederiksen regarding his recommendations. This includes the risks associated with your treatment and any other treatment options available to you. You are required to understand all aspects of your treatment and care, to ensure you make a fully informed decision regarding the treatment of your choice.

It is your obligation to take an active role in the management of your treatment and care. You are obliged to obtain therapy and related treatments prescribed by Dr Frederiksen and to follow all instructions referring to your care, treatment or therapy carefully. This includes but is not limited to all pre-operative and post-operative instructions.

It is your obligation to attend the appointments scheduled for you with Dr Frederiksen. If you cannot attend these appointments you must advise Dr Frederiksen's practice at least 24 hours prior to the scheduled appointment. It is your obligation to pay accounts for consultations with Dr Frederiksen at the time of consultation and prior to the date of surgery, where required.

It is the joint responsibility of both you and Dr Frederiksen to treat each other with courtesy and respect.

"Please note this practice expects all parties to refrain from unacceptable or disruptive behaviour that poses a threat to the rights or safety of other patients and staff."

AMAQ Patient Code of Conduct.

Should you have any concerns in respect to your care, please do not hesitate to contact Dr Frederiksen or any member of his staff.

Signature of Patient/Parent/Guardian/Other

Specify Other [PLEASE PRINT]

Date: _____