

Information and Consent for Treatment at the Fontys Centre of Health and Movement (FCHM)

The **Fontys Centre of Health and Movement (FCHM)** is a learning environment where Fontys students develop their skills as future healthcare professionals through real-life clinical practice. To support this learning process, the FCHM provides services to real clients in a setting that closely resembles a professional healthcare practice.

All student activities are carried out under the supervision of qualified healthcare professionals. As a client, you can expect the same standard of care and professionalism that you would receive in a regular healthcare setting.

Because the FCHM is primarily an educational environment, some aspects of your treatment may differ from those in a standard practice. Please read the following statements carefully:

- I understand that all treatments provided at the FCHM have an educational purpose.
- I understand that students may observe and/or actively participate in my treatment under professional supervision.
- I understand that my treatment, or parts of it, may be recorded through audio and/or video, or broadcast live to students participating in educational activities.
- I understand that my personal and medical information will be stored in an Electronic Patient Record and may be used for research purposes. All processing of personal data is conducted in accordance with the General Data Protection Regulation (GDPR).
- I understand that if my healthcare needs are considered too complex or intensive for treatment within the FCHM, I may be referred to my own healthcare provider (for example, my General Practitioner). With my permission, relevant information regarding my treatment and medical records will be transferred to ensure continuity of care.
- I have had the opportunity to ask questions, and my questions have been answered satisfactorily.
- I am satisfied with the information provided about the FCHM and my treatment. I understand that participation is entirely voluntary. I have been given sufficient time and opportunity to consider whether I wish to participate.
- I understand that I may withdraw my participation at any time without providing a reason.

☐ I confirm that I have received and reviewed the FCHM Complaints Procedure and Privacy Statement.

Consent

I hereby give my consent to receive treatment at the FCHM and to the processing and use of my personal data as described above.

Name of participant:..... Date of birth:.....

Signature:..... Date:.....