## Acknowledgement of practice staff *(to be completed by practice staff)*

Acknowledgement of practice staff

### Practice staff declaration

By signing this form I, *(insert full name of practice staff member)*, acknowledge and confirm that:

1. I am aware the practitioner must not have contact[[1]](#footnote-1) with *(insert identified patient group stated in conditions)* without the presence of a practice monitor[[2]](#footnote-2) approved by the Health Ombudsman who is continually physically present and directly observes (sees and hears) all contact between the practitioner and the patient.
2. I agree to:
   1. advise patients at the time of attempting to book an appointment with the practitioner that the practitioner is required to practise in the presence of a practice monitor who will be **physically present** during the entire consultation, and
   2. ask the patient if they would still like to proceed to make an appointment with the practitioner and have a practice monitor present, or if they would prefer to make an appointment with another registered health practitioner.
3. I understand the reasons for the practice monitor conditions are confidential and must not be disclosed to any patient.
4. I am aware the Office of the Health Ombudsman may contact me to discuss the practice booking procedures with respect to the practitioner’s practice monitor conditions.

### Practice staff signature

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | [Choose date] |

Please return this form to the Office of the Health Ombudsman.

Office of the Health Ombudsman

**EMAIL:** [**monitoring@oho.qld.gov.au**](mailto:monitoring@oho.qld.gov.au)

**CALL: 07 3158 1329**

**FAX: 07 3319 6350**

**WRITE: PO Box 13281 George Street  
Brisbane Qld 4003**

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1. **‘**Contact' includes consultation, interview, examination, assessment, prescribing for, advising, or otherwise treating a patient or consumer, whether it is in person or on a communication device. [↑](#footnote-ref-1)
2. Or ‘independent practice monitor’ if required by the practitioner’s conditions [↑](#footnote-ref-2)