# Authority to conduct site visit

I, *(insert title and full name of practitioner here)* am currently subject to conditions imposed on my registration and/or restrictions imposed by the Health Ombudsman on my provision of health services, as outlined in my:

Schedule of Conditions, effective from *Click here to enter a date*

Schedule of Restrictions, effective from *Click here to enter a date*

## Purpose of site visit(s)

I understand authorised person(s)[[1]](#footnote-1) of the Office of the Health Ombudsman will conduct site visits from time to time at my place(s) of practice and/or the location/s where I keep records relating to my practice as a health practitioner, as required by my conditions and/or restrictions. The purpose of site visits includes, but is not limited to, the following:

* to confirm my understanding of the requirements of my conditions/restrictions
* to assess compliance with the requirements of these conditions/restrictions
* to evaluate, observe and obtain in-depth information concerning the implementation of the conditions/restrictions in my place(s) of practice
* to verify and supplement the information contained in the log books, patient records, appointment diaries, or any other information provided to the office showing my compliance with the conditions/restrictions, and any information received from any other entity who may have provided information relevant to my professional practice.

## Consent

I give consent to the authorised person(s) to enter my place of practice and/or the location/s where I keep records relating to my practice as a health practitioner for the purposes stated above.

|  |  |  |  |
| --- | --- | --- | --- |
| 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**

[Pullout text  
This pullout box needs to be resized by holding shift and dragging the corners. This maintains correct corner angles)]

Authority to conduct site visit

1. *Part 15 – Health Ombudsman Act 2013* [↑](#footnote-ref-1)