# Authority to conduct site visit

I, [title and full name of practitioner here], am currently subject to immediate registration action (conditions imposed or undertakings accepted by the Health Ombudsman) and/or restrictions imposed on my provision of health services, which came into effect on Click or tap 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/undertakings/restrictions (“restrictions”). The purpose of site visits includes, but is not limited to, the following:

* to confirm my understanding of the requirements of my restrictions
* to assess compliance with the requirements of these restrictions
* to evaluate, observe and obtain in-depth information concerning the implementation of the 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 restrictions, and any information received from any other entity who may have provided information relevant to my professional practice.

## Consent

I give consent for 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.

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

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