# Employer acknowledgement of conditions/undertakings and/or restrictions

I, (insert title and full name of employer[[1]](#footnote-1) here), acknowledge that (insert title and full name of practitioner) has:

* advised me of the Health Ombudsman’s decision to impose conditions on their registration or accept undertakings from the practitioner, and/or impose restrictions on their provision of health services

and

* provided me with a copy of their *(tick and complete applicable option/s)*:

schedule of conditions, effective from (insert date conditions came into effect here)

schedule of undertakings, effective from (insert date undertakings came into effect here)

schedule of restrictions, effective from (insert date restrictions came into effect here).

## Employer contact details

*(Insert relationship to practitioner, e.g. employer, co-owner)*

*(Insert practice name)*

*(Insert practice address)*

*(Insert employer phone number)*

*(Insert employer email address)*

## Employer signature

Signature: Date: Click here to enter a date.

Employer acknowledgement

1. For the purpose of this form, ‘employer’ means an entity that –

   (a) employs the practitioner to provide health services; or

   (b) engages the practitioner to provide health services under a contract for services; or

   (c) operates a facility at which the health practitioner provides health services; or

   (d) the practitioner is providing services to or on behalf of, whether in an honorary capacity, as a volunteer or otherwise, and whether or not the practitioner receives payment from the entity for the services.

   ‘Employer’ therefore also includes co-owners, co-directors, contractors of service, and/or owners/operators of medical practices, hospitals and/or facilities where the practitioner provides a health service (even if there is no contractual relationship between the practitioner and the owner/operator). [↑](#footnote-ref-1)