I, *(insert title and full name of practitioner here)*, am currently subject to conditions on my registration and/or restrictions on my right to practice imposed by the Health Ombudsman, as outlined in my *(tick and complete applicable option/s)*:

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

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

For the purposes of monitoring my compliance with my schedule of conditions and/or schedule of restrictions, I authorise the Office of the Health Ombudsman to inspect, take or copy patient clinical records, log books, appointment diaries and/or patient log reports of my patients, at my expense, and at such reasonable time or times as the Health Ombudsman shall determine to ensure compliance with the conditions and/or restrictions.

## Acknowledgement

Signature: Date: *Click here to enter a 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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This pullout box needs to be resized by holding shift and dragging the corners. This maintains correct corner angles)]

Authority to access information