



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery

Occupational therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Practise with a chaperone Practitioner acknowledgement

HP14

Australian Health Practitioner Regulation Agency

Practitioner's Details

Monitoring &
Compliance number

Name
(Last, First)

Practitioner's Declaration

By signing this form, I acknowledge and confirm:

1. I have received, read, understood and am familiar with the requirements of AHPRA's chaperone protocol. In particular, I am aware:
 - a. when a chaperone is required
 - b. who may act as a chaperone for the purposes of the conditions on my registration requiring that I practise with a chaperone
 - c. of the definition of `contact' for the purposes of the conditions on my registration requiring that I practise with a chaperone
 - d. of the definition of `patient' for the purposes of the conditions on my registration requiring that I practise with a chaperone
 - e. when I should inform my patients of the need for a chaperone
 - f. of the action to be taken where a patient refuses or demonstrates any reluctance to have a chaperone present
 - g. I must maintain a chaperone log on the template provided, and
 - h. I must place the approved sign in my practice regarding the requirement for a chaperone.
2. I must provide AHPRA with evidence that I have notified any private health insurers, where relevant, of the requirement that I practise with a chaperone.
3. I am aware that, for the purposes of monitoring my compliance with chaperone requirements, AHPRA may:
 - a. contact, communicate with and obtain information from Medicare Australia
 - b. conduct random practice inspections
 - c. contact and communicate with patients, chaperones, staff or employers
 - d. access, copy or retrieve appointment diaries, patient booking schedules and the like
 - e. contact private health insurers (if relevant), and
 - f. access both private and public practice billing data.
4. AHPRA must be notified within two business days of any incident where, due to a medical emergency, I am unable to comply with the condition requiring practise with a chaperone. I understand that:
 - a. The circumstances must be such that compliance with the condition would directly affect my ability to provide care that would have a direct benefit to a patient in a medical emergency.
 - b. A medical emergency is defined as an event where it is not possible or reasonable to have a patient with a serious or life threatening condition seen by another practitioner or transferred to the nearest hospital.
 - c. AHPRA will treat any failure to notify non-compliance in the circumstances of a medical emergency within the requisite timeframe as a breach of the condition and will report such breach to the Board, who may take further action in relation to a breach of conditions.

Signature

Date

Return form to

Case
officer

Email

Post



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Practise with a chaperone Nomination of a chaperone

HPN14

Australian Health Practitioner Regulation Agency

Practitioner's Details

Monitoring &
Compliance number

Name
(Last, First)

Practitioner's Declaration

By signing this form, I acknowledge and confirm:

1. The nominated chaperone is not in a close collegiate, family, social or financial relationship with me.
2. The nominated chaperone meets the criteria as outlined in the Chaperone Protocol.
3. I am aware AHPRA may contact the nominated chaperone for the purposes of monitoring my compliance with the conditions on my registration requiring I practise with a chaperone.
4. I have provided the nominated chaperone with:
 - a. a copy of the conditions on my registration
 - b. a copy of the Chaperone Protocol, and
 - c. the contact details of my AHPRA case officer.

Practitioner's
signature

Date

Nominee Details

Name (Last, First)

Registration
number

Place of Practice

Postal address

Email

Contact numbers

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Practise with a chaperone Chaperone's acknowledgement

HPNA14

Australian Health Practitioner Regulation Agency

Practitioner's Details

Monitoring &
Compliance number

Name
(Last, First)

Nominee Details

Name (Last, First)

Registration number

Place of Practice

Postal address

Email

Contact numbers

Nominee Declaration

By signing this form, I acknowledge and confirm:

1. I am aware of and consent to my nomination and I am willing to act as a chaperone if approved.
2. I am not in a close collegiate, family, social or financial relationship with the Practitioner.
3. I have provided my contact details, together with a sample specimen of my signature, and photographic proof of my identity, such as a copy of a valid driver's license or passport.
4. I have seen a copy of the conditions on the Practitioner's registration, as demonstrated by my signature on the attached schedule of restrictions.
5. I have been provided with the contact details of the AHPRA case officer.
6. I have been provided with a copy of the Chaperone Protocol and I have read and understood the requirements of the Chaperone Protocol. In particular I am aware:
 - a. of the meaning of the word 'patient' and 'contact' for the purposes of the conditions on the Practitioner's registration requiring they practise with a Chaperone
 - b. as a chaperone I am required to be present for and directly observe all contact between the Practitioner and a patient
 - c. there must be prior discussion with a patient about the need for the presence of a chaperone for the whole contact
 - d. should a patient refuse or demonstrate reluctance to have a chaperone present for the contact, the contact must not proceed or, if commenced, should immediately cease and the patient should be offered an appointment with an alternate practitioner
 - e. the template sign must be placed in the practice waiting room
 - f. the Practitioner must maintain a chaperone log on the form provided
 - g. the log must be signed contemporaneously with the end of each patient contact and must not be pre-signed
 - h. I may contact AHPRA in order to discuss any concerns or queries I may have in relation to acting as a chaperone or if I feel personally vulnerable, intimidated or threatened while acting as a chaperone, and
 - i. I may be contacted by AHPRA in order to monitor the Practitioner's compliance with the condition requiring the presence of a chaperone.

Signature

Date

Return form to

Case
officer

Email

Post