

## PRIVACY INFORMATION AND CONSENT

We require your consent to collect personal information about you and your child. Please read the following information about privacy issues, practice requirements and fees carefully, before you agree and accept our terms and conditions.

Brighton Health Clinic for Kids collects information from you regarding your child for the primary purpose of providing quality health care. We ask you about you and your child's personal details and medical history so that we may properly assess, diagnose, treat and be proactive in your child's health care needs.

We will use the information you provide in the following ways:

- To manage the administration of our medical practice
- For billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- To share information with others involved in your child's healthcare, such as treating doctors and specialists outside our practice. This may include referrals for tests or receiving reports and results back from those referrals.
- To collaborate with other clinicians in our practice, including locums, registrars, and medical students, for patient care and educational purposes.
- To communicate with teachers, allied health providers, and other professionals involved in your child's care.
- **Please let us know if you do not want your records accessed for these purposes. This will be noted accordingly.**
- In emergency situations where it is in your child's best interest, we may disclose necessary information if requested.

## PARENT/GUARDIAN ACKNOWLEDGEMENT

- I have read the information above and understand the reasons why this information must be collected. I am also aware that this practice has a privacy policy on handling patient information.
- I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to my child.
- I am aware of my right to access the information collected about my child, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.
- I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.
- I consent to the handling of my information by this practice for the purposes set out above, subject to any limitation on access or disclose that I notify the practice of.
- I agree to receive the clinic's appointment reminders via SMS, email or link with patient's portal (if any).
- I agree to abide by the following practice procedures:
  - It is my responsibility to make sure I have a current/valid referral from my GP for each visit to be eligible to claim Medicare rebates and for our doctors to have the information they need.
  - If I fail to attend an appointment and/or do not give more than 48 hours' notice of my cancellation, I may be charged a non-attendance fee as per clinic's policy from 50% - 100% of the consultation fees.
- I acknowledge that my child must be present for all appointments
- I understand and agree that I am responsible for supervising my children while we are at the clinic, and that the clinic is not liable for any injuries that may occur.

## FINANCIAL CONSENT

- **I understand that the cost of the consultation is above the Medicare schedule fee, which means that I will incur an out of pocket expense and I am responsible for payment of all services rendered on my behalf and on behalf of my dependents.**
- I agree to pay the account in full at the time of the consultation as per Appendix 1.

# Patient Registration



## CLARIFICATION REGARDING TELEHEALTH SERVICES

We want to make sure you are aware that:

- A video or phone consultation may not be identical to, or as comprehensive as, an in-person appointment. It is entirely up to you whether to use telehealth services.
- It is a Medicare requirement that consent is obtained for telehealth services provided from a specialist.
- There could be some technical problems that affect the quality of a video visit.
- If the teleconference does not achieve everything that is needed, you will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second video/phone visit.
- **The fee for the telehealth consultation is based on the type of appointment rather than the duration. The same fee applies to both in-clinic and telehealth appointments. For the complete fee schedule, please see Appendix 1.**
- Payment in advance may be required, and you will be informed of this at the time of booking. A full refund will be issued if the appointment does not proceed for any reason, unless the appointment is cancelled by you with less than 24 hours' notice, in which case cancellation fees will apply.

## DEBIT ACCOUNT AND CREDIT CARD PAYMENT AUTHORIZATION

- By accepting these terms and conditions you hereby authorize Brighton Health Clinic for Kids to debit your bank account or credit/debit card for each session on the day of consultation and/or to finalise payment in order to release completed assessments/reports in accordance with our fees described below.
- Any additional costs for extended sessions or further assessments will not be charged without confirmation from the client.
- This authorization does not provide authorization for any additional unrelated debits or credits to your account except for any applicable cancellation fees.
- We take automatic payment prior or on the day of consultation or any other time after the day of the consultation and a receipt is issued via email.
- All credit/debit card payments will incur a surcharge up to 1.4%.
- *Kindly note that declined payments may result in an additional processing fee.*
- Alternatively, payment may be made via direct deposit to our bank account.
- You certify and confirm that you are an authorized user of this bank account or credit/debit card.

I have read this form prior to accepting/signing the terms and conditions, and a staff member has clarified any aspects I did not understand at my request.

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## Appendix 1: Fee Schedule

### General Paediatrician Fees

Appointment type	Duration	Private Fee	Medicare Rebate	Out of Pocket
<b>Initial appointment</b>				
Standard consultation requiring single course of treatment (Medicare item number 110)	Not time based	\$500	\$148.35	\$351.65
Autism diagnosis and management plan (Medicare item number 135)	45 to 60 minutes	\$610	\$259.40 (can be claimed once per lifetime)	\$350.60
Complex congenital, developmental and behavioural disorders (Medicare item number 132)	45 to 60 minutes	\$610	\$259.40 (can be claimed once per year)	\$350.60
<b>Review appointment</b>				
Review of complex congenital, developmental and behavioural disorders (Medicare item number 133)	20 to 30 minutes	\$380	\$129.90 (can be claimed twice in any 12 month period)	\$250.10
Standard review consultation (Medicare item number 116)	Not time based	\$330	\$74.25	\$255.75
Minor review consultation (Medicare item number 119)	Not time based	\$190	\$42.30	\$147.70
Prescriptions		\$50	N/A	\$50

\*Fees apply to both in-clinic or telehealth appointments