

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.

The 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.

This means we will use the information you provide in the following ways:

- Administration purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclose to others involved in your child's health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in reports or results returned to us following the referrals.
- Disclosure to other doctors in the practice, locums, and medical students and by Registrars attached to the practice for the purpose of patient care and teaching.
- We may also need to communicate with teachers, allied health providers and other professionals involved with your child.

Please let us know if you do not want your records accessed for these purposes. This will be noted accordingly.

- In an emergency situation where it is in the best interest of your child's health care we would disclose appropriate information if requested to do so.

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 clinic's appointment reminders with SMS, email or to 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 as also it is clinically important for our doctors to have the information they need.

If I fail to attend an appointment and/or do not give more than 72 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.

My child must be in attendance at all appointments (if not, a Medicare rebate is not claimable)

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 regardless of the length of the consultation. I agree to pay the account in full at the time of the consultation as per table below.

I am aware and consent that I am responsible to supervise my children whilst we are attending in the clinic and the clinic is not responsible for any injuries or threats accrued.

I have read this form before accepting/signing all above terms and conditions and a member of staff has, at my request, clarified aspects of it that I have not understood.

CONSENT FORM PRIVATE & CONFIDENTIAL

Personal Information

As part of providing a psychological service to you/your child, the psychologist will need to collect the required relevant information from you and if necessary other relevant professionals (e.g. school teachers, paediatrician, etc.). This information will be a necessary part of the psychological assessment that is conducted. You will be provided with a copy of the report once completed.

Confidentiality

All personal information gathered by the psychologist during the provision of a psychological assessment will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information will place you or another person at risk, or
3. Your prior consent has been obtained to
 - provide a copy of the assessment report to another previously uninvolved professional agency, e.g. a GP or a lawyer, or
 - discuss the results and recommendations with another person, e.g. a school staff member.

Limitations of Service

You acknowledge that the psychologist does not provide an emergency service, the psychologist is not always available at short notice or outside of regular practice hours and the psychologist will not be able to respond to telephone calls or emails requesting urgent assistance. Ask the psychologist if you wish to be provided with the details of other services who can provide these services.

Storage of Psychological Records

As part of providing psychological assessment, the psychologist is required to collect and record relevant information from you and may utilise digital platforms to record this information. The storage of this information will be as follows:

- All paper documents are kept in a locked filing cabinet and all electronic records are password protected.
- All documents remain the property of the company and will be kept on the company's database. The psychologist will retain copies of the documents for their records.
- The psychologist uses Pearson Australia's online testing products via Q-interactive and Q-global. All test-taker data will be stored on Pearson Australia's computer servers located in Canada. Pearson Australia remains fully responsible to its Australian customers and test-takers for the security of the data at all times.

What is expected of the parent/child?

Cognitive Assessment:

- Intake forms and background information forms to be completed prior to in person assessment session. Please bring along any previous assessment reports or relevant school reports (end of year/progress report, learning plans, work samples, evidence of targeted interventions).
- Clinical interview with parents
- 1 hour – 1.5 hours in person assessment session
- Feedback meeting (50 minutes, in person or telehealth)

Academic Assessment:

- Intake forms and background information forms to be completed prior to in person assessment session. Please bring along any previous assessment reports or relevant school reports (end of year/progress report, learning plans, work samples, evidence of targeted interventions).
- Clinical interview with parents
- 1.5 hours – 2 hours in person assessment session
- Feedback meeting (50 minutes, in person or telehealth)

Intellectual Disability Assessment:

- Intake forms and background information forms to be completed prior to in person assessment session. Please bring along any previous assessment reports or relevant school reports (end of year/progress report, learning plans, work samples, evidence of targeted interventions).
- Clinical interview with parents
- 1 hour – 1.5 hours in person assessment session
- 1x questionnaires from online software email address, Pearson (One questionnaire provided to parent and teacher)
- Feedback meeting (50 minutes, in person or telehealth)

ADHD Assessment:

- Intake forms and background information forms to be completed prior to in person assessment session. Please bring along any previous assessment reports or relevant school reports (end of year/progress report, learning plans, work samples, evidence of targeted interventions).
- Clinical interview with parents
- 2.5 hours – 3.5 hours in person assessment session
- 2x questionnaires from online software email address, PAR AND MHS (One questionnaire from each site provided to parent and teacher)
- Feedback meeting (50 minutes, in person or telehealth)

Report time:

Assessments are complex and made up of several elements including background information, in person assessment, parent / teacher questionnaires.

Once all information has been obtained, it is an estimated 8-10 weeks for the report to be ready. Failure to submit all forms/requested documents and complete questionnaires will result in delay of your report. Once completed, a 50min feedback session (In person or Telehealth) to discuss the results and recommendations will follow before the report is provided. A copy of the report will not be provided prior to the feedback session.

Patient Registration Info



DEBIT ACCOUNT AND CREDIT CARD PAYMENT AUTHORIZATION

By accepting/signing all terms and conditions you hereby authorize Brighton Health Clinic for Kids to debit your bank account or credit/debit card shared, for each session on the day of consultation and/or to issue scripts and/or assessments/reports. Any additional costs for extended sessions or further assessments cannot be charged without confirmation from the client. This authorization does not provide authorization for any additional unrelated debits or credits to your account except of the cancellation fees and/or any extra admin 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 **1.50%** during processing. **Kindly note that declined payments may result in an additional processing fee as it will go through an additional process when the attempted card is charged again, up to 30% to cover admin costs.** You accept that you authorize the above-named business to charge your bank account or credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the session cost and/or scripts and/or any cancellation fees and/or extra admin costs and/or assessments/reports. You certify and confirm that you are an authorized user of this bank account or credit/debit card.