Brighton Health Clinic for Kids
202-204 Bay Street, Brighton, VIC 3186
T: 03 9108 7809 – F: 03 8678 1278
www.bhckids.com.au

Comprehensive paediatric services at a single location

Patient Information Form - Psychology Assessment Services from Peter Wilson

Consent Form
As part of providing a psychological assessment service to you, we need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

Confidentiality
All personal information gathered during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court
2. Failure to disclose this information would place you or another person at serious and imminent risk
3. Your prior approval has been obtained to
   A. Provide a written report to another professional or agency E.g. GP or a Lawyer, or
   B. Discuss the material with another person E.g. a parent or employer, or if disclosure is otherwise required or authorised by law

Fees - Non-Medicare items
If you have Private Health Insurance, you may be eligible to claim a rebate for non-Medicare psychological services depending on your level of cover e.g. assessments of learning, autism, professional reports etc. Please check with your health fund before proceeding. Standard consultation fee for 45-50min is $260.

Reports
Professional letters, assessment reports, court reports and other reports attract a fee of $260 per hour (max. 4 hours), and this will be discussed prior to undertaking any such activity.

Costs: Diagnostic Psychological Assessment Services
For assessment of Autism-Spectrum-Disorders (ASD), Attention-Deficit Hyperactivity Disorders (ADHD), Intellectual (ID), Developmental and Learning disabilities (LD) and similar.
Cost: $1600 – $2800 Approx. (Excludes rebates)

Cancellation Policy
If for some reason you need to cancel or postpone the appointment, at least 72-hour notice is required otherwise there may be a missed appointment fee of $260 payable. This may be waived depending on circumstances which may include admission to hospital or other serious verifiable factors.

Consent
I (We) or I, have read and understood the above Consent Form. On behalf of my child / young person, I (We) agree to these conditions for the psychological services (including assessments and reports), associated fees, and charges provided by BHCK Clinical Psychologist, Peter Wilson.
I (We) agree to Peter Wilson, Clinical Psychologist, on behalf of my child / young person providing reports to my doctor during treatment.

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Authority for Release of Information
I (We) authorise my treating Psychologist (Peter Wilson) to obtain written and verbal information as it relates to me or my child / young person (which ever applies), from the contacts listed below. This information is to be used for the purpose of assessment, counselling and support.

Thank-you for acknowledging and consent to the terms and conditions included in this Form

Peter Wilson
Clinical Psychologist

Brighton Health Clinic for kids

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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:

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.

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CLARIFICATION ABOUT TELEHEALTH SERVICES

We want to make sure you are aware that:

- A video/phone consultation will not be exactly the same, and may not be as complete, as a face-to-face service.
- 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.
- You can change your mind and stop using teleconference consultations at any time. This will not make any difference to your right to ask for and receive health care. Medicare requirement to consent for telehealth services provided from a specialist.
- The duration of the telehealth appt might vary from 5min to 50min depending on the type of the consultation but the fees are not related to the length but to the type of the services provided to you.
- Please **provide the referral you have from your GP** (if applicable and/or any other supportive/related document). It is clinically important doctors to have the information they need and for you to be able to claim the Medicare rebate.
- The full private fees for telehealth appts **including Medicare Rebate (if eligible)** is **$260** (some may be eligible for bulk-billing subject to clinician's discretion)
- Payment in advance might be required for all type of consultations for which you will be advised when you make the booking. In case the appt will not proceed for any reason the full amount of money will be refunded (unless enough notice has not been provided at least 48hours prior of the appointment then cancellation fees will apply)

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 or any other day after. This is permission for the amount to be charged as per our fees described below. 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 **1.30%** during processing (ex GST). *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 only or any cancellation fees or extra admin costs. You certify and confirm that you are an authorized user of this bank account or credit/debit card.