

## 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.

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
- Disclosure 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 clinicians 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 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 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. A Medicare rebate cannot be claimed for telehealth or appointments via the phone.

**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.

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.

## **ASSESSMENTS – What to expect**

### **Cognitive Assessment**

- Intake forms and background information forms need to be completed prior to the in-person assessment session. Please email in advance or bring along to the first session any previous assessment reports or relevant school reports, including end of year reports, progress reports, learning plans, work samples, evidence of targeted interventions.
- Clinical interview with parents
- In-person assessment appointment - 1 - 1.5 hours  
WPPSI-IV (4-7 years) or WISC-V (8-16 years), UNIT-2 (non-verbal)
- Feedback meeting – 50 minutes, in person or via telehealth

### **Academic Assessment**

- Intake forms and background information forms need to be completed prior to the in-person assessment session. Please email in advance or bring along to the first session any previous assessment reports or relevant school reports, including end of year reports, progress reports, learning plans, work samples, evidence of targeted interventions.
- Clinical interview with parents
- In-person assessment appointment - 1.5 - 2 hours  
WIAT-III
- Feedback meeting – 50 minutes, in person or via telehealth

### **Academic/Specific Learning Disorder Assessment**

- Intake forms and background information forms need to be completed prior to the in-person assessment session. Please email in advance or bring along to the first session any previous assessment reports or relevant school reports, including end of year reports, progress reports, learning plans, work samples, evidence of targeted interventions.
- Clinical interview with parents
- In-person assessment appointment - 1.5 - 2 hours  
Cognitive assessment – WPPSI-IV (4-7 years) or WISC-V (8-16 years), UNIT-2 (non-verbal)  
Academic assessment – WIAT-III
- Feedback meeting – 50 minutes, in person or via telehealth

## **Intellectual Disability Assessment**

- Intake forms and background information forms need to be completed prior to the in-person assessment session. Please email in advance or bring along to the first session any previous assessment reports or relevant school reports, including end of year reports, progress reports, learning plans, work samples, evidence of targeted interventions.
- Clinical interview with parents
- In-person assessment appointment - 1-1.5 hours  
WPPSI-IV (4-7 years) or WISC-V (8-16 years), UNIT-2 (non-verbal)  
Adaptive Functioning assessment Vineland-3
- Online questionnaire (Pearson)
- Feedback appointment – 50 minutes, in person or via telehealth

## **ADHD Assessment**

- Intake forms and background information forms need to be completed prior to the in-person assessment session. Please email in advance or bring along to the first session any previous assessment reports or relevant school reports, including end of year reports, progress reports, learning plans, work samples, evidence of targeted interventions.
- Clinical interview with parents
- In-person assessment appointment - 2.5 – 3.5 hours  
WPPSI-IV (4-7 years) or WISC-V (8-16 years), UNIT-2 (non-verbal)  
Educational assessment – WIAT-III  
ADHD assessments (Young Diva-5, Conners 4, BRIEF-2)
- Online questionnaires x2 to be completed by parents and teacher (PAR and MHS)
- Feedback appointment – 50 minutes, in person or via telehealth

## **ASD Assessment**

### **NB: Please note that ASD assessments are completed by a psychologist and speech pathologist**

- Intake forms and background information forms need to be completed prior to the in-person assessment session. Please email in advance or bring along to the first session any previous assessment reports or relevant school reports, including end of year reports, progress reports, learning plans, work samples, evidence of targeted interventions.
- Developmental interview – 1.5 hours – Completed via telehealth
- Cognitive assessment – 1 hour – Completed by psychologist
- ADOS assessment – 1 hour – Completed by psychologist and speech pathologist in parallel
- Language assessment - 1 hour – Completed by speech pathologist
- Vineland assessment
- Feedback appointment – 50 minutes – Completed via telehealth

## Additional Reports

- Vineland-3 (Adaptive Functioning)
- BASC-3 (Overall mental health disorders screener)
- SRS-2 (Autism screener)
- Letter to third parties

## REPORTS

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 weeks for the report to be finalised. Failure to submit all forms/requested documents and complete questionnaires will result in delay of your report. Once completed, a 50min feedback session 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.

## ASSESSMENT FEES

Assessment Type	Fee
Cognitive Assessment	\$1680
Academic Assessment	\$1680
Academic/Specific Learning Disorder Assessment	\$2800
Intellectual Disability Assessment	\$2240
ADHD Assessment	\$3360
ASD Assessment	\$4000
Add-on Reports – 2 hours	\$560

## 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.