



Information for Clients

Confidentiality

You have the right to confidentiality of your information. All personal information discussed with and recorded by your treating professional during the provision of the service will remain confidential and secure. Client files are secured and accessible only by practice staff.

Exceptions to confidentiality can occur when:

1. The information you have given to your practitioners is subpoenaed (officially requested) by a court of law or if staff are served with a warrant by police
2. Failure to disclose the information would place you or another person at serious risk of harm
3. Your prior approval has been obtained to provide information to or obtain information from other parties

However, it is important to note that your practitioner will discuss this with you before proceeding.

If you wish to view and/or have a copy of the material recorded in your file, please lodge a written request to the Practice Manager. Requests will be responded to within 14 days and appointments will be made for further clarity if required. If you have concerns about the management of your information, you can request a copy of the National Privacy Principles, which describes your rights and how personal information should be handled. If you wish to lodge a formal complaint regarding the management of your information, you can contact the Federal Privacy Commission on 1300 363 992.

Fees and Payments

- Payment is to be made **the day of consultation**.
- **Cancellation fees will occur** if cancellations are made **less than 48 hours prior to your appointment time**. In this instance, a \$50 fee will be charged.

Other Clinical Services

- Phone and Skype consultations are available. Phone calls for 15 minutes or longer will attract a fee and be charged in blocks of 15 minutes. Costs for phone and Skype consultations will be discussed and agreed upon prior to the commencement of consultations.
- Where exceptional circumstances require phone calls and email support outside of allocated session times, a pro-rata rate of the practitioners' session fees will be charged.
- Reports and support letters requested by clients will also be charged at a pro-rata rate of the practitioners' session fees.
- These fees are to be agreed upon and paid for before the required service is to be performed.
- No Medicare rebates are currently available for these services.

Rebates:

In the instance that a Medicare referral has been provided, it is the responsibility of the client to:

- a) ensure it is current
- b) attend the necessary reviews with the referring medical professional
- c) to provide your practitioner with an updated referral following each review



Information regarding private health insurance needs to be discussed with your insurance company. The staff at the Centre for Integrative Health are not responsible for issues concerning your private health insurance.

CONSENT

I, (*print name*), have read and understood the above information. I agree to these conditions (stated above) for the service/s provided by the health practitioners at the Centre for Integrative Health.

I give consent for treatment information to be shared with other practitioners at CFIH
YES/NO (please circle)

I give consent for treatment information to be shared between CFIH practitioners and other practitioners involved in my care in order to best meet my treatment needs.
YES/NO (please circle)

I give consent for Medicare to be contacted on my behalf in order for reception staff to process my rebates effectively and accurately. **YES/NO (please circle)**

Signature **Date**

CONSENT TO SHARE ASPECTS OF MY STORY

Yes **No**

I, (*print name*) ,hereby give my consent for Centre For Integrative Health to share aspects of my personal story for the purposes of training and education.

I understand that Centre For Integrative Health will remove any identifying information.

I understand that the purpose of sharing aspects of my treatment is to enable the ongoing advancement of and improvement in research and training in the fields of psychology, medicine, dietetics, and physical health. This information may help to better inform and educate health professionals, clients, and society; potentially improving the mental- and physical-health of individuals and the wider community.

I understand that I may revoke this consent at any time without penalty or having to provide an explanation.

Signature **Date**

*To clarify how your story might be shared, please talk to Centre For Integrative Health staff.