

Health contract, privacy and consent

Inspire Early Interventions commitment to you

Your personal information

Your records - Your personal information will be kept private and secure. The approach used is consistent with the provisions of Federal and State Privacy legislation

Your personal information will be:

- Accurate, comprehensive, well organised and legible
- Be kept up to date
- Will have enough information to allow another practitioner to care for you
- Will not contain offensive or irrelevant comments about you
- Will contain a summary of your care
- Can be used to remind you, with your permissions, to return for follow-up, check-ups and reviews

Only information relevant to your care will be collected. If you are uncertain as to why information is being requested, please ask. If you have any concerns regarding the privacy or accuracy of your information held by the clinic, discuss these with your practitioner.

Providing information to other healthcare professionals

Your right to decide how your personal health information is used or disclosed e.g. to other healthcare professionals is respected. In all but exceptional circumstances, personal information that identifies you will only be sent to other people with your consent. Gaining your consent is the guiding principle.

Providing your information to others

Your information will not be disclosed to a third party unless:

- you have consented to the disclosure; or
- this disclosure is necessary because you are at risk of harm without treatment and you are unable to give consent, i.e. you are suicidal or considering harming others
- your practitioner is legally obliged to disclose the information i.e. subpoena or court order

In any of the above cases, only the information which is necessary to achieve the objective will be provided.

Access to your information

You have access to the information contained in your records. You may ask about any aspect of your health care including information in your record. Information in your record can be provided to you by way of accurate and up-to-date summary of care if you are moving away or transferring to a new practitioner. Depending what is involved, you may be asked to contribute to the cost of providing the information.

Please complete, scan and email 72 hours prior to your appointment to lornamcinnnes@icloud.com.

Your commitment to Inspire Early Intervention

I, (print name) _____ agree to the following terms as set out below.

- I understand and accept the Inspire Early Intervention privacy and personal information policy as outlined overleaf
- I agree to return my completed patient forms to the clinic 72 hours before initial appointment (as PDF documents). Send to: lornamcinnnes@icloud.com
- I agree to return all relevant blood results, genetic reports and other health data of relevance to the clinic 72 hours before appointment (as PDF documents). Send to: lornamcinnnes@icloud.com
- Cancellation of appointment – if the initial or follow up appointment is to be cancelled, please call the clinic at least 24 hours before appointment time or a \$50 fee will be charged. Please call: 0457248889
- Rescheduling appointments – please call the clinic at least 24 hours before your appointment if you need to reschedule. This allows us time to offer your appointment time to another patient. Please call or text: 0457248889
- I agree to, during an initial childrens consultation, bring only one child into the clinic and to bring someone to take my child out of the clinic after 20 minutes, for the rest of the consultation, as these consultations are comprehensive and may be up to 3 hours long.
- I agree to bring only one child (0-18) at any given time, into the clinic for a consultation, as this ensures your child has my full attention. (For adult consultations, no children should be present)

A credit card is required to book an initial appointment. This number will be saved on file and will be only used for the purpose of booking. It will not be charged unless you fail to attend your appointment or fail to cancel the appointment as outlined above

Name on card: _____

Credit card number: _____ Exp: ____/____

Signature: _____ Date: _____

Name: (print) _____

I _____ (signature) agree to the above terms