

Neuropsychology East Melbourne

Level 2
138-146 Cardigan Street
Carlton, VIC 3053
Phone: (03) 8344 0298
ABN 82 667 696 639

Correspondence to:
PO Box 646, Carlton, VIC 3053
E-mail: neuropsychology-eastmelbourne@unimelb.edu.au
Website: www.neuropsychologyeastmelbourne.com

4th August, 2023

Dear Neuropsychology East Melbourne Patient,

We are currently offering individual therapy appointments either in-person or via telehealth.

Appointments in Person

If you would like to attend your appointment in person, we ask that you confirm with us that you have not recently returned from overseas travel, are not feeling unwell (e.g., fever, cough, sore throat, runny nose, shortness of breath), and have not come into contact with an individual with a suspected or confirmed case of COVID-19 within the past 14 days. Please contact the clinic on 03 8344 0298 prior to your appointment if your health status changes.

Standard fees and billing procedures will apply for **in-person consultations**, and you will be asked by our reception staff to arrange payment when you attend your appointment. Your practitioner will collect you from the waiting area at the time of your appointment. When you confirm your preferred appointment type, we will advise if your clinician is currently offering appointments in person.

Appointments via 'Telehealth'

If you are unable or do not wish to attend for your session in-person, we are also offering Telehealth consultations via video conference or telephone. These services are provided in accordance with 'Telehealth' items as outlined in the Medicare Benefits Schedule updated 1st July, 2023. To be eligible for 'Telehealth' services you must have a valid Mental Health Care Plan, Chronic Disease Management Plan or Team Care Arrangement organized through your General Practitioner.

Informed Financial Consent for Telehealth

Telehealth services will be charged at your previous appointment schedule rate. You will be contacted following your appointment to organize payment over the phone. Your claim will then be lodged to Medicare electronically to process the associated rebate.

Please note, if you are currently covered by the National Disability Insurance Scheme (NDIS), Traffic Accident Commission (TAC) or through WorkCover, we will discuss your billing arrangements with your funding provider and inform you if Telehealth is not an option available to you.

Telehealth - Appointments via Video Conference

To organize an appointment via video conference you will need access to a computer or phone with video and audio capability. The appointment is facilitated through a program called Zoom, which can be download here: <https://zoom.us/>. We will send you a link via this email account on the day of your appointment. Open the link at the time of your appointment and Zoom will launch, connecting your practitioner with you. Please ensure that you are logged into Zoom approximately 5-minutes prior to your scheduled appointment time and we ask that you wait online for your practitioner to dial in for your session. Please ensure that you wait online

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for at least a few minutes after the start of your scheduled appointment time, in case the practitioner is running behind with the previous patient. For any installation or connection difficulties please call the clinic on 03 8344 0298.

Telehealth - Appointments via Phone Consultation

If you do not have access to a computer or would prefer to speak with your practitioner over the phone, you can request your appointment by telephone. Your practitioner will phone you at your allocated appointment time, on the number you have provided on file.

Confidentiality Disclaimer for 'Telehealth' Services

1. I acknowledge the benefits of Telehealth consultation can include:
 - a. Reducing the waiting time to see my psychologist.
 - b. Reducing / avoiding travel time.
2. I acknowledge the risks of Telehealth consultation can include:
 - a. Technical issues that may impact on the continuity of the Telehealth visit. I may need to be contacted by my psychologist by telephone in some circumstances.
 - b. The videoconferencing platform has some capacity to protect the privacy and security of the Telehealth conferences. However, I understand that complete protection from hacking or tapping into telephone / video visits cannot be guaranteed. Whilst the risk is small, it does exist.
3. The laws that protect the confidentiality of my sessions apply to Telehealth. However, there are both mandatory and permissive exceptions to confidentiality, as generally applies, and will be according to the state in which I live.
4. I will provide my location at the time of my telehealth appointment and give my permission for my treating practitioner to contact my Next of Kin or primary contact should the need arise.
5. I understand that the dissemination of any personally identifiable images or information from the telehealth session will not occur without my written consent.
6. I acknowledge my share of the responsibility to maintain the privacy and confidentiality of my session.
7. If the telehealth visit is not satisfactory, I will be given a choice on the best way to proceed with sessions with my psychologist.
8. I can change my mind and stop using video consultations at any time, including in the middle of a video visit. This will not make any difference to my right to ask for and receive psychological care.
9. I have read and understand the information provided above. By signing below, I agree to receive Telehealth services with my current treating practitioner at Neuropsychology East Melbourne.

Please note, a late cancellation fee will be charged for all appointments that are cancelled with less than 48 hours' notice, unless the cancellation relates to the onset of symptoms associated with COVID-19, or

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• Andrea Putica, MPsych (Clin), Provider No. 450955FW • Dr Laura Bird, Ph.D., Provider No. 5683302H
• Jane Bairnsfather, MAPS, Provider No. 5933623H • Kristian Holth, MAPS, Provider No. 6260581X
• Lana Higson, MAPS, Provider No. 6260581X*

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suspected exposure to someone with COVID-19. In these circumstances we encourage you to let us know. This fee will be half the fee of a standard consultation.

By signing below, you acknowledge receipt of the above information and are providing consent to Telehealth services, and the lodgement of claims to Medicare for rebate on your behalf where eligible and applicable. Please send this signed and dated letter back via reply email. Electronic signature will be accepted.

Thank you

Date:

Patient Name:

Patient Signature: