



CONSENT TO ASSESSMENT & RELEASE OF INFORMATION

I (Name) _____ (parent/guardian/self) consent to my child / self _____

being assessed by employees of The Hub: Integrated Child Development Solutions, The Hub: Youth Mental Health Service & The Hub: Parents, Couples, Relationships.

Any further contact resulting from this assessment regarding review/treatment/interventions will be negotiated and agreed by parent/guardian/self and relevant employee(s) of The Hub: Integrated Child Development Solutions, The Hub: Youth Mental Health Service & The Hub: Parents, Couples, Relationships.

Privacy Statement

Your privacy is important to us. We will only collect, use or disclose your and/or your child's personal information in accordance with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 which amends the Privacy Act 1988. We want to ensure personal information collected, used, stored or disclosed is accurate, up-to-date and complete. We aim to protect the privacy and secure storage of your and/or your child's health information. You may request a copy of our privacy policy, which includes information about the collection and disclosure of your and / or your child's health information.

Release of information

I (Name) _____

Of (address) _____

Give consent for the release of information between The Hub: Integrated Child Development Solutions, The Hub: Youth Mental Health Service & The Hub: Parents, Couples, Relationships and:

- General Practitioner
- Paediatrician/Psychiatrist
- School/Teacher/School psychologist
- Other:



Access to patient information records

You are entitled to access your child's/own health records at any time convenient to both yourself and the practice. Access can be denied where:

- To provide access would create a serious threat to life or health
- There is a legal impediment to access
- The access would unreasonably impact on the privacy of another
- Your request is frivolous
- The information relates to anticipated or actual legal proceedings and you would not be entitled to access the information in those proceedings; and
- In the interests of national security

We ask that, where possible, your request be in writing. We may impose a charge for photocopying or for staff time involved in processing your request. Where you dispute the accuracy of the information we have recorded you are entitled to correct that information. It is our policy that we will take all steps to record all of your corrections and place them with your file but will not erase the original record.

I understand that I am entitled to access my child's /own health records except where access would be denied as outlined above.

Parent/Guardian/Self Agreement

I agree to abide by the following practice procedures:

- It is my responsibility to make sure that I have a current referral from my GP for each visit as applicable
- If I fail to attend an appointment and/or do not give more than 24 hours notice of my cancellation, I may be charged a non-attendance fee of up to \$50.00.
- If the appointment is for my child they 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. **I agree to pay the full account at the time of the consultation.**

I have read this form before signing it and a member of staff has, at my request, clarified aspects of it that I have not understood.

Parent/Guardian/Self name: _____

Parent/Guardian/Self signature: _____ Date: _____

The Hub employee: _____

The Hub employee signature: _____ Date: _____