



## Cancellation Policy and Privacy Policy

Surname (Miss / Mrs / Mr / Ms / Dr)

First Name

D.O.B.

Address

Postcode

### Cancellation Policy:

- Pain Specialists Australia requires a minimum of two business days' notice to cancel or reschedule an appointment.
- Failure to contact our clinic and provide at least two business days' notice of a cancellation or need to reschedule may incur a cancellation fee.
- Failure to pay the cancellation fee may prevent our ability to schedule further appointments or procedures until the outstanding fee is paid in full.

### Privacy Policy:

The law gives you certain privacy rights over the information that you give to this medical practice. To provide you with the best possible healthcare, we require your consent to collect your personal information. You may view our privacy policy online at [painspecialistsaustralia.com.au/privacy-policy](http://painspecialistsaustralia.com.au/privacy-policy) or request a free copy from reception.

Your information is used not only to assess, diagnose and treat your illness properly and quickly, but also for billing and claims processing, for compliance with Medicare and Health Insurance Commissions requirements, and for disclosure to other professionals involved in your care (e.g., GPs, Specialists, Allied Health).

Sometimes we collect data concerning your treatment or photographs of scans, x-rays or discrete body areas (e.g., skin infections) to assist treatment. Photographs may be shown to our pain specialists or to other doctors for their opinions. With your permission, non-identifiable photographs/data may be used educationally, e.g., in presentations. If your pain specialist proposes to take a photograph, they will first inform you, explain its intended use, and gain your permission beforehand.

### Patient Acknowledgement & Agreement:

I have read and understood the Cancellation Policy above, and agree to accept the terms therein. I confirm that, if required to cancel an appointment, I will provide at least two business days' notice, and that in failing to do so accept that I would be liable to pay the cost of the appointment in full before any further treatment may be offered.

I have read and understood Pain Specialists Australia's Privacy Policy, and I understand why obtaining my information is important. I understand that I am not obliged to provide any information requested of me, and that failure to do so may hinder my healthcare. I acknowledge that I may access the information collected about me, except when access might legitimately be withheld, and that I will be given an explanation on such occasions. I understand that my written permission is required before my information may be used in any way not described above.

### Consent for Release or Acquisition of Medical Information and Records

I hereby give my permission for clinicians at Pain Specialists Australia to either release or request any medical information/records to other health professionals involved in my care, as is required and relevant.

(Please circle)

YES

NO

### Consent for Multidisciplinary Care Plan Meetings

Our team of Specialists and Allied Health work together to provide a team approach to managing your care and to plan the best treatment for you. Occasionally, they hold formal Multidisciplinary Care Meetings to discuss the care of patients as a team.

I permit my care-team at Pain Specialists Australia to discuss my care together in formal Multidisciplinary Care Meetings, if required.

(Please circle)

YES

NO

### Consent to Assign Medicare Benefits

In the event that an appointment is to be Bulk Billed, I assign my right to benefits to the Practitioner who rendered the service(s).

(Please circle)

YES

NO

I acknowledge that a member of staff of this practice has, at my request, clarified any aspects of these policies that I did not at first understand, and that I may examine and alter this form at any time.

Signed

Date

Name (please print)