**EXPLANATION OF SERVICES**

**PLEASE READ & KEEP THIS INFORMATION**

This document provides relevant information about the allied health and mental health services provided in our clinic.

If you have any questions prior to your first appointment, please call our office on 0474 652 794 or email info@lifetreewellbeing.com

**Staff & Clinicians**

Director and Psychologist Ms Annalise Reid

**Referrals**

We accept referrals from GPs, Paediatricians, Psychiatrists, allied health practitioners, schools and employers. We also accept self-referrals. Please refer to our Fees page for Medicare and NDIS requirements.

**Intake/Allocation**

All new referrals are read by the clinician to whom the referral is addressed, as well as our clinic's senior Intake clinician. During the Intake process we identify what documentation may be required, plan the services that may be needed, allocate to the appropriate clinician, and book an initial consultation, or place on the waitlist.

**Waitlist**

There are periods of time when we are booked out with current clients, for some weeks or even months. During these times, we may place up to a specific number of new referrals on the clinician's waitlist. When the waitlist too reaches full capacity, new referrals are declined, until further notice.

**Initial Consultation**

When a new referral is accepted and allocated, an initial consultation is offered for the purposes of meeting for the first time, exchanging relevant information about history and current function, discussing what assessment and/or therapy services may be needed, checking for best fit of clinician and client, and planning the relevant appointments.

It is during the initial consultation that Service Agreements are discussed, completed and signed by NDIS participants and/or their nominees. At this point, the clinician or client may find that the connection may not be suitable, and discussions can be had around alternate clinicians or clinics for referral to.

**Appointments**

All appointments are made in advance. It is important that you arrive for your face-to-face appointment on time and that you join telehealth video meetings in time. Late arrival will result in either reduced time for or cancellation of your session with the full fee charged.

Face-to-face appointments are usually held in the clinic.

Consultations outside the clinic (eg at a school, hospital, etc) are made by prior arrangement, and require an offsite risk assessment to be completed.

**Services Provided**

At LTW we provide assessment and therapy support services, privately, as well as under government-initiatives: eg NDIS, Medicare, etc. Subsidised services (eg Medicare, NDIS, etc) usually have specific eligibility criteria and requirements: some of these requirements are noted in our fees section.

**Payment of Fees**

Recommended professional fees between $140-$200 per hour. Our private allied health fees remain below the recommended professional fees, in order to minimise ‘out of pocket’ expenses, as much as possible.

Consultation fees are due and payable prior to, or at the end of the consultation, usually on the same day.

Assessments require a 50% deposit at the time of booking, and full payment is required on the day of attendance.

We receive no government funding, and our private fees must cover our clinic’s infrastructure, and all operational costs and overheads, as well as our employees’ and contractors' personal incomes. For this reason, we are unable to bulk bill under Medicare's low scheduled fees and rebates for Better Access services - see our Fees and Medicare sections for additional information.

**Reports**

Reports are written by prior arrangements, usually as part of formal assessments, and are invoiced and paid in advance, prior to their completion and release, usually on the day of the assessment.

**Unpaid Invoices & Overdue Payments**

When invoices are unpaid, all prebooked appointments are cancelled and no new appointments are offered until payments are made in full.

**Cancellations**

**If you are unable to attend a scheduled appointment, please call or email our clinic as soon as possible, to avoid paying the cancellation/non-attendance fee, and to enable us to offer the appointment to someone on our waitlist.**

**Based on professional guidelines, cancelling an appointment with less than 48 hours’ notice, or not attending a scheduled appointment, will incur a cancellation or non-attendance fee.** Please see our Fees section for additional information.

Following 3 consecutive cancellations at short notice, and/or non-attendances, all prebooked appointments are cancelled until further discussion and notice.

Aggression

We have zero tolerance for verbal and physical aggression. People speaking and/or behaving aggressively towards clients, visitors, and/or workers in our building, will be asked to leave.

**Mental Health Crisis**

**We are unable to provide crisis consultations at short notice.**

**If you need urgent mental health assistance, please call 000, or the local hospital mental health service. You may also contact Lifeline on 13 11 14 or Kids Helpline on 1800 55 1800**

**TELEHEALTH SERVICES**

LTW provides telehealth telephone or video consultations when these are more convenient due to distance/circumstances and/or to avoid close contact during the current COVID19 pandemic. Standard principles of privacy, confidentiality, management of private information, fees and cancellation fees apply.

The Clinician will use a platform of preference (ie Zoom, Microsoft Teams, Webex etc), and will ensure the security is done to meet requirements of privacy and confidentiality.

The meeting will not be recorded without prior consent, and in instances where a recording is needed (ie assessment) written consent will be needed and you will be notified that the session is being recorded.

Our practitioners make a commitment that we will undertake these consultations in a private setting where others cannot hear or see your information. We recommend that you also find a private setting where you feel comfortable and safe, and where you will not be interrupted for the duration of the consultation. It is important that you protect your own information. If you are not able to find a private and secure location, let your clinician know so that alternative arrangements can be made.

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the consultation. In addition, there may be some services for which telehealth is not appropriate or not effective. Your clinician will consider and discuss with you the appropriateness of ongoing telehealth sessions.

If during a session, your communication medium experiences an interruption, for example a connection drop out, or poor quality video or audio, your treating practitioner will contact you on your mobile to discuss how and if the session can be continued to its entirety.

**MANAGEMENT OF CLIENT INFORMATION**

The information below describes the policy of LTW for the management of client information.

All professional services are bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000.

Collection, Storage of & Access to Information

Our administrative and clinical staff will collect and record personal and clinical information that is relevant to your current situation and to our service provision. This information is necessary for administration, assessment, treatment and case-management purposes and is accessible only to relevant authorised LTW administration and clinical staff.

Information is stored in the following manner:

* Hard copies of referral and intake documents are stored in temporary hard-copy files in secure filing cabinets until they are scanned into electronic client files
* LTW uses Fully Hosted Halaxy practice software for the secure storage of and restricted access to electronic client files.

Confidentiality

All private health and clinical information will remain secure and confidential except when:

1. it is subpoenaed by a court, or
2. failure to disclose the information would place you, your child (if applicable) or another person at risk; or
3. your prior approval has been obtained to:
	* 1. provide a written report to another professional or agency (eg. a GP or a lawyer) or
		2. discuss the material with another person nominated by you.

Requests for Access to Client Information

At any stage clients may request to see the information that is kept on their file. All requests for access to information should be lodged with Life Tree Wellbeing directly. These requests will be responded to within two working days and an appointment will be made, if necessary, for clarification purposes. Authorised clinical or administration staff may discuss the requested information and/or provide photocopies of same. Some assessments are restricted copyright materials. Administration and/or standard consultation fees will apply.

Concerns

If you are concerned about the management of your personal information, please inform the Practice Manager of Life Tree Wellbeing directly.

You may also wish to obtain a copy of the National Privacy Principles <https://www.privacy.org.au/Resources/NPPs-140311.pdf> which describe your rights and how your information should be handled.

Ultimately, if you wish to lodge a formal complaint about the use of, or access to, your personal information, you may do so with the Office of the Federal Privacy Commissioner <https://www.oaic.gov.au/> on 1300 363 992, or GPO Box 5218, Sydney, NSW 1042.

LTW Client Handbook

For further information about our Policies and Procedures, including our Complaints Policies & Procedures, Feedback and Incident Management Policies, please ask for a copy of the LTW Client Handbook.

**FEES AS AT 16/3/2022**

**PLEASE READ & KEEP**

**Consultations,**

Medicare or Private fee-paying clients $180 /hr

NDIS funded clients $214 /hr

**Assessments, & Reports**

Autism Assessments $1400

Full academic/learning difficulties assessments $1200

IQ testing only $700

Functional and Behavioural assessments (ADHD etc) $700

**Medicare**

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| --- | --- |
| **Better Access to Mental Health Care*****GP referral with Mental Health Treatment Plan, or Paediatrician’s or Psychiatrist’s Referral***When referring, the medical practitioner should clearly identify the number of sessions the patient is being referred for: eg 6 or 4 or +10COVID per calendar year.Individual consultations: 6+4+10COVID / per calendar year**Medicare differentiates between, and assigns significantly lower scheduled fees and rebates to, Better Access Mental Health services provided by psychologists, than to those provided by clinical psychologists. This differentiation is not reflective of the level of training, competencies, expertise and/or the quality of services provided by individual psychologists. Due to this differentiation, the associated low psychology rebates, and lack of additional government funding, our clinic is unable to bulk-bill psychology services under Medicare.** | **Medicare Rebate** |
| Psychologist:$88.25(50+ min) |
| **Autism, Pervasive Developmental Disorders, & Disability*****Referral by a Paediatrician or Consultant Child & Adolescent Psychiatrist***Assessment of ASD: 1-4 sessions for assessment, up to 13 yrs of ageManagement for ASD: 1-20 sessions up to 15 yrs of age, IF diagnosed before 13 yrs of age | **Medicare Rebate** |
| Psychologist:$88.25 |
| **Chronic Disease Management** ***GP Referral & GP Management Plan & Team Care Arrangements*** | **Medicare Rebate** |
| Individual Consultations: 1-5 sessions / calendar year | $55.10 (20+ min) |

**NDIS**

|  |  |
| --- | --- |
| ***NDIS Plan Starting & Expiry Dates & Goals; signed Service Agreement with LTW***Consultations/therapy, assessments & recommendations. | **Fees**as per NDIS Price Guide |
| **Psychologist:****$214/hr** |

**Cancellation Fee**

**Non-attendance & late cancellation (<48 hrs’ notice) will attract 90% of the standard fee. In the case of pre-paid appointments, the full fee will be retained.**

**Other Notes:**

1. Hourly rates apply to consultations of 46-60 minutes; pro-rata rates apply in increments of 15 minutes (eg 31-45 min, 61-75 min, 76-90 min).
2. A 50% deposit is required for assessments at the time of booking.
3. Reports are paid in advance.
4. Full payment must be made on the day of service by cash, EFTPOS or direct deposit.
5. Services delivered by a Medicare-eligible provider, that either attract a Medicare rebate, or are generally accepted by the profession as being necessary for ‘appropriate treatment’, are GST-free. A clinical report is also GST-free where these conditions apply. For more detailed information about GST, please refer to the ATO website: <https://www.ato.gov.au/business/gst/in-detail/your-industry/gst-and-health/?page=2#Medical_reports>

**MEDICARE REFERRALS & REBATES**

BETTER ACCESS TO MENTAL HEALTH SERVICES

Medicare rebates are available to consumers for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists\* and eligible social workers and occupational therapists.

Medicare rebates are available for up to 6+4 (+10 COVID-19 related additional sessions) individual and 10 group allied mental health services per calendar year to patients with an assessed 'mental disorder' who are referred by:

* A GP managing the patient under a GP Mental Health Treatment Plan (MHTP); or
* Under a referred psychiatrist assessment and management plan; or
* A psychiatrist or paediatrician.

This requires:

*·* a GP Mental Health Treatment Plan (MHTP) in place; or

· managed by a GP under a referred psychiatrist assessment and management plan; or

*·* Referral by a psychiatrist or paediatrician.

The Better Access initiative is available to patients with an assessed ‘mental disorder’ who would benefit from a structured approach to the management of their treatment needs. According to Medicare, ‘mental disorder’ is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual’s cognitive, emotional or social abilities. The conditions classified as mental disorders\* for the purposes of Better Access services, are informed by the World Health Organisation (WHO), 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version:

Alcohol use disorders

Drug use disorders

Acute or Chronic psychotic disorders

Acute psychotic disorders

Bipolar disorder

Depression

Phobic disorders

Panic disorder

Generalized anxiety

Mixed anxiety and depression

Adjustment disorder

Dissociative (conversion) disorder

Unexplained somatic complaints

Neurasthenia

Eating disorders

Sleep problems

Sexual disorders

Hyperkinetic (attention deficit) disorder

Conduct disorder

Enuresis

Bereavement disorders

\*Dementia, delirium, tobacco use disorder and intellectual disability are not regarded as mental disorders for the purposes of Better Access.

Health professionals are free to determine their own fees for the services they provide. Charges in excess of the Medicare rebate are the responsibility of the patient. The cost to you will vary depending on the length of the session and the fee being charged. If the service provider does not bulk-bill then you must pay the difference between the private fee and the Medicare rebate. The settlement of the account is your responsibility.

>>>>>Medicare differentiates between and assigns significantly lower scheduled fees and rebates to Better Access mental health services provided by psychologists, than to those provided by clinical psychologists. This differentiation is not reflective of the level of training, competencies, expertise and/or the quality of services provided by individual psychologists. Due to this differentiation, the low rebates, and lack of additional government funding, LTW is unable to bulk-bill psychology services under Medicare.>>>>>

TELEHEALTH - COVID19

Commencing 13 March 2020, new temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.

The new temporary MBS telehealth items are available to GPs, medical practitioners, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery. A service may only be provided by telehealth where it is safe and clinically appropriate to do so. The new temporary MBS telehealth items are for out-of-hospital patients.

As of 20 April 2020, specialist and allied health service providers are no longer required to bulk bill these new telehealth items. Providers are expected to obtain informed consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.

HELPING CHILDREN WITH AUTISM (HCWA) (also known as APDD&D) - ASSESSMENT & TREATMENT

A total of 4 assessment items/sessions can be used towards a diagnosis, for children aged <13 yrs. If a paediatrician or child psychiatrist suspects an Autism Spectrum Disorder (ASD) they will refer the child to a psychologist, speech therapist and/or occupational therapist for assessments. After the therapists assess the child, they will send their reports and clinical opinions back to the paediatrician, who will then advise of the diagnosis and develop a treatment plan. Up to 20 treatment sessions can be shared between psychology, occupational therapy, and speech therapy, for children aged <15 yrs. There are currently no Medicare rebates for ASD assessments over the age of 13 years.

MEDICARE SAFETY NET

You are responsible for paying any charges in excess of the Medicare rebate for services under this scheme. However, these out-of-pocket expenses will count towards the Medicare Safety Net. The Medicare Safety Net is designed to protect high users of health services from large out-of-pocket expenses. For more information on the Medicare Safety Net, go to: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

PRIVATE HEALTH INSURANCE

You cannot use your private health insurance to top up the Medicare rebates for these services. You need to decide if you will use Medicare or your private health insurance to pay for psychological services you receive.