



ecm

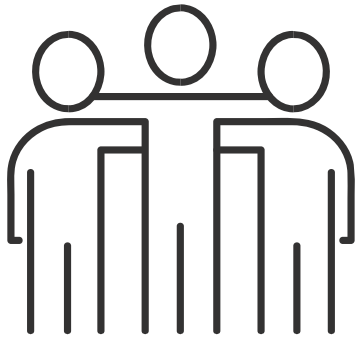
EDUCATIONAL CASE MANAGEMENT
CLINICAL ALLIED HEALTH SERVICES

✉ info@ecmonhudson.com

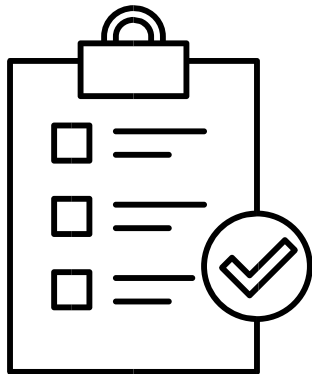
☎ 02 4969 8060

👉 www.ecmonhudson.com

Informed consent form



Allied health (Psychological, Speech Pathology, Occupational Therapy, Counsellors, Behavioural Specialists, Exercise Physiologist, Allied Health Assistant).



ECM collects your personal information to provide the best service to you.



Your information is stored safely.



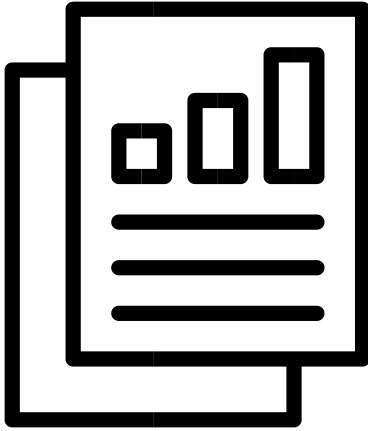
You can access your personal information by talking to your therapist.



An appointment with an Allied Health Professional will cost between \$185.00 - \$650.00 per hour. If you have NDIS you can use this to fund payments.



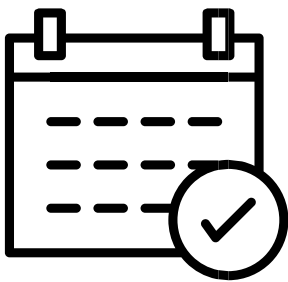
Payment is needed at the end of your appointment.



An Allied Health Professional report will be charged at the disciplines hourly rate for between 1 – 10 hours. If you have NDIS you can use this to fund payments.



Payment for reports is needed at the end of your final assessment appointment.



If you need to cancel or change your appointment, contact Educational Case Management. A cancellation fee may apply.



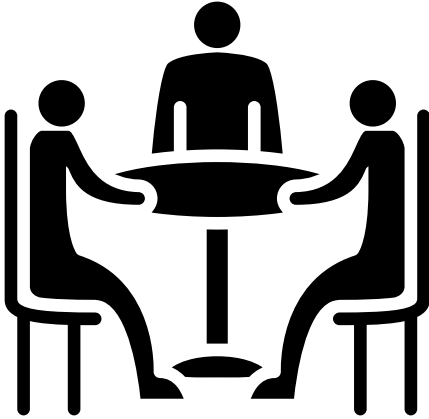
Medicare and Full-Fee Clients must give notice of 2 business days prior to the appointment to cancel or change an appointment or a cancellation fee of \$80 will apply.



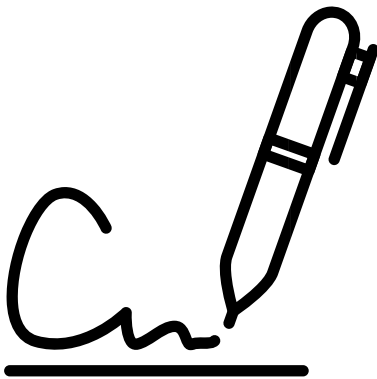
NDIS clients must give notice of 2 business days prior to the appointment to cancel or change an appointment or a cancellation fee will apply to 100% of the agreed fee of the appointment.



Your personal information will be shared if subpoenaed by a court and if you or another person are at serious risk to life, health or safety.



ECM will ask for your consent to share your personal information with other people to provide the best service to you.



By signing this form you give permission for ECM to exchange information with other people.

I....., have read and understand this consent form.

Client Name:.....Date of Birth

Signature.....Date...../...../.....



Tick the box next to the people you give permission for ECM to exchange information to

Tick	External Provider	Name/Organisation
	Doctor/GP	
	Psychologist	
	Speech Pathologist	
	Paediatrician	
	Specialist	
	School	
	NDIS Manager	
	Support Coordinator	
	Key Worker	
	House Manager	
	Family Members	
	Guardian	



Tick the box next to the information you give permission for ECM to exchange

Tick	External Provider
	History
	Diagnosis
	Strengths and Weaknesses
	Reports
	Therapy Plans
	Behaviour Management Plan
	Risk Assessment and Safety Plan
	NDIS Forms
	Therapy outcomes and progress