



## OTHER THERAPY REQUESTED

Comprehensive Psychological Assessments

Speech Pathology Assessments

Occupational Therapy - Functional Capacity Assessment

Behaviour Support

Ongoing Therapy - Psychology

Ongoing Therapy - Counselling

Ongoing Therapy - Speech Pathology

Ongoing Therapy - Occupational Therapy

Ongoing Therapy - Exercise Physiology

Ongoing Therapy - Social Work

Ongoing Therapy - Behavioural Management

Parenting Support

Group Program

## REFERRAL REASONING

Psychological Assessments

If other, please specify

Autism Spectrum Disorder (ASD)

Attention-Deficit/Hyperactivity Disorder (ADHD)

Oppositional Defiant Disorder (ODD/Conduct Disorder)

Sensory Processing

Specific Learning Disorder

Teacher Concerns

Communication/Language Disorder

Executive Function

Anxiety

Depression

Personality Disorder

Trauma Related

Adolescent Counselling

Emotional Dysregulation

Family support

Risk of Self Harm

Behavioural Problems

## ACCESSIBILITY REQUIREMENTS

Does the client have any accessibility requirements? Yes No

If yes, please detail:

## PREFERRED CLINIC / THERAPY PROCESS

Hamilton Rutherford Any Clinic  
Face to Face Telehealth Home Visits Phone Consultation School Visits

Preferred Days & Times:

## EDUCATION / EMPLOYMENT

Do you attend school? Yes No Name of School: Year:

Are you currently undertaking Tertiary Education? Yes No

Are you currently employed? Yes No Place of Work: Occupation:

## GENERAL PRACTITIONER / REFERRAL INFORMATION

GP Name: Practice Name:

Practice Address:

Phone: Email:

Do you have a Referral and/or Mental Health Care Plan Yes No Who has referred you to ECM: GP Specialist

Organisation: Yes No Name of Organisation and contact information:

## INSURANCE INFORMATION

Medicare Card Number: Number on Card: Expiry:

Pension/Health Card Number: Yes No Card Number: Expiry:

Private Health Insurance: Yes No Private Health Provider Name:

Private Health Insurance Card Number Number on Card:

Are you on the National Disability Insurance Scheme Yes No NDIS Number:

NDIS Self-Managed: Yes No Agency Managed: Yes No PACE Managed: Yes No

Plan Managed: Yes No Plan Manager's Name:

Would you like ECM to utilize NDIS funds when providing a service? Yes No

## EMERGENCY CONTACT- LEGAL GUARDIAN/PARENT INFORMATION OR NEXT OF KIN

Full Name: Relationship to client:

Home No: Mobile No: Work No:

Email Address:

Suburb: State: Postcode:

## FAMILY DETAILS (IF APPLICABLE)

### 1. Parent/Carer/Guardian Details

Parent Name: Mobile:

Address:

Family History Mental Health Yes No Diagnosis:

Family History Learning Problems Yes No Diagnosis:

## 2. Parent/Carer/Guardian Details

Parent Name:

Mobile:

Address:

Family History Mental Health      Yes      No      Diagnosis:  
Family History Learning Problems      Yes      No      Diagnosis:

### MEDICAL INFORMATION

Special medical needs, conditions, diagnosis, illnesses, allergies:      Yes      No

Describe:

Medical History:

Are you currently on medication:      Yes      No      Current Medication:

Does the client require any extra support when attending the clinic?      Yes      No      Communication  
Behaviour      Mental Health      Medical Condition      Physical Access      Completing Forms (Easy Read Version)      Interpreter

### Emergency Contacts

Please note we are not an emergency service; our phones and emails are not constantly monitored. In an emergency situation please contact 000 for police/ambulance.

- Police or Ambulance - 000
- Mental Health - 13 14 65 Lifeline - 13 11 14 or [www.lifeline.org.au](http://www.lifeline.org.au)
- Kids Helpline (5-25 years) - 1800 55 1800 or [www.kidshelpline.com.au](http://www.kidshelpline.com.au)
- Suicide call back service - 1300 659 467 or [www.suicidcallbackservice.org.au](http://www.suicidcallbackservice.org.au)

Please email [info@ecmonhudson.com](mailto:info@ecmonhudson.com) or call 02 4969 8060 if you have any questions about this form. Please bring all reports and relevant information to your initial consultation.

### CLIENT INFORMED CONSENT AGREEMENT

### SECTION B: INFORMED CONSENT

No service can be provided without informed signed consent

Client Full Name:

Client Date of Birth:

Please provide your details in the section below if you are completing this form on behalf of client.

Full name (parent, carer, child representative, guardian)

Contact phone number

Relationship to participant/ applicant

Your informed consent will be obtained each year and/or before any assessment, treatment or procedure is initiated. You may withdraw from treatment at any time without prejudice. Reasonably foreseeable risks, adverse effects, and possible disadvantages of the assessment, treatment or procedure will also be detailed in advance.

## Consent to share information

Pertinent History and Referral Information	Yes	No
Diagnosis /Disability /Deficits / Strength and Weaknesses	Yes	No
Multidisciplinary Reports	Yes	No
Diagnostic Reports	Yes	No
Assessment Reports	Yes	No
Progress Reports	Yes	No
Change of Circumstances Reports	Yes	No
Risk Assessments and Safety Plans	Yes	No
NDIS Access Requests Forms	Yes	No
Risk Assessments and Safety Plans	Yes	No
Behavioural Management Plan	Yes	No
Therapy plans / Treatment / Interventions / Group program outcomes	Yes	No

I agree that personal information specific to my health, diagnosis, assessment, disability and/or therapy and intervention requirements may be shared and gathered with the following agencies and persons (if required):

### Consent to share information with (please mark)

National Disability Insurance Agency	Yes	No
Co-Ordinator of Supports / NDIS Representative /Plan Manager/ NDIS Local Planners	Yes	No
Early Intervention Providers (e.g. Northcote, Hunter Prelude)	Yes	No
Medical Professionals (e.g. GP, Paediatrician, Psychiatrist)	Yes	No
Allied Health Professionals	Yes	No
Education Professionals (e.g. teacher, principles, Learning Support)	Yes	No
Family Members (e.g. grandparents, siblings, nominated as per court orders)	Yes	No
Department of Housing (e.g. as instructed by client)	Yes	No
Registered Housing Providers (e.g. as instructed by client)	Yes	No
Guardian (if applicable)	Yes	No
Third Party Organizations (e.g. as instructed by client)	Yes	No

### Please List Organizations

Name of Organization (if required)

Name of Organization (if required)

Name of Organization (if required)

Name of Organization (if required)

Name of Organization (if required)

### Limitations to confidentiality

All personal information gathered by the ECM Allied Health Professionals and administration staff during the provision of assessment and therapeutic services and/ support will remain confidential except when:

1. subpoenaed by a court; or
2. Suspected or reported risk of harm to self or others (i.e. suicidal or self-harm ideation/plan/intent; homicidal ideation/plan/intent); or
3. Criminal act requiring reporting to the Policing Services; or
4. Current alleged or actual observed abuse, harm or neglect to a client requiring reporting to authorising bodies as per NDIS Practice Standards (this could include, for example, Child Safety/ Protection bodies across States and Territories or the NDIS Quality and Safeguarding Commission); or
5. Your prior approval has been obtained to:
  - provide a written report to another professional or agency. e.g. GP, school, or a lawyer; or

- discuss the material with another person, e.g. a parent, employer, or health provider; or
- disclose the information in another way; or
- When consulting with colleagues, or
- In the course of confidential clinical supervision, your clinician may be required to conceal your identity and any associated parties involved; and to preserve your privacy at the utmost professional manner in accordance with the NDIS Quality and Safeguarding Commission Practice Standards and Codes of Ethics of professional registration bodies. If there is a risk to you, or to someone we work with, ECM may need to share information with the relevant third parties. If we need to provide your information as a legal requirement, we will let you know this has occurred.

### Privacy & Consent Statement

If you need to withdraw your consent, you can do so at any time by calling us or writing to us. We are required to review your consent to share information every year at a minimum, to ensure it is up to date, relevant and we have currency of information.

### Exchange of Information

I hereby acknowledge that ECM has advised me/the client of the following:

- Why ECM collects personal information.
- Why ECM collects pertinent history and past reports.
- What happens to personal information?
- How it is used and how it is stored
- Client rights to access personal information.
- Client rights to withdraw consent at any time.

To provide a quality therapeutic service and support to our clients, I am/the client is aware and understand that ECM may receive and disclose **'Personal Information'** as necessary and required, and may need to inform others of your diagnosis/disability, pertinent history, potential risk, assessment results, behavioural concerns, interventions, client progress, change in circumstances, provision of therapy, support services required, NDIS application and/or applications etc with other government agencies (Centrelink).

### Allied Health Assistant/Counsellor/Behavioural Therapist

ECM Allied Health Professionals may utilize other Allied Health Professionals including: Allied Health Assistants, Counsellors, Behavioural Therapist in support of therapy and targeted interventions. Allied health assistants are qualified to implement a range of therapy and programs under the supervision by qualified Allied Health Professionals (Psychologist, Speech Pathologist, Occupational Therapist).

### Fees:

Fees (initial consultations, assessments, telehealth, therapy, groups, reports, clinical stakeholders meetings, and resources) are payable at the time the service is provided. An initial consultation appointment cannot be organized without a \$80.00 deposit (non-refundable if client does not attend). Fees will vary depending on Allied Health Professionals discipline hourly rates ranging from \$185 to \$270 and length of service. Report fees will depend on Allied Health Professionals discipline hourly rates and will be governed by a time frame from 1-4 hours (Summary and Progress Reports) to 10-20 hours (Psychological, Speech, Multi-disciplinary Functional Reports and Behavioural Management Plans), payable prior to report distribution.

Supports for participants under the National Disability Insurance Scheme (NDIS) will be subjected NDIS Pricing Arrangements and Price Limits charged at the hourly rate specified for each discipline and for each service provided (updated yearly) this may include assessments, progress reports, clinical stakeholders meetings, resources, and phone consultations. Please visit <https://www.ecmonhudson.com> for information regarding Allied Health Professional Services and Fees.

If booking under Medicare or Private, there are out of pocket fees for appointments, even with a Mental Health Care Plan from your GP. No Medicare rebate is available for sessions with provisionally registered Psychologists: as such, ECM offers these sessions at a reduced rate.

### Cancellation Policy:

ECM has put in place a cancellation policy to ensure that enough time is provided to offer the appointment time to another client. If less notice is provided, other clients may miss out on obtaining the services they require. Amendments to appointments must be made via phone (02 4969 8060) or via email ([info@ecmonhudson.com](mailto:info@ecmonhudson.com)) and must be made within 2 business days of the appointment scheduled. A 100% consultation /service fee will be charged if ECM is not notified within 2 business days. This applies to ALL participants (NDIS, Medicare, Private and those clients who are supported by other organization) and applies to ALL services provided by ECM. A Debt Collection service may be used to collect outstanding debts (if required).

### Privacy and Confidentiality

All personal information, assessment results, and documentation collected by ECM Allied Health Professionals is considered **'confidential'**. *Commonwealth Privacy Act 1998*. All documentation is electronically stored by Zanda Management system -ISO 27001 certification. Documents can only be accessed by ECM clinicians and/or administration team via Authentication (MFA).

### Limitations to confidentiality

All personal information gathered by the therapist during the provision of therapeutic services will remain confidential except when:

1. It is subpoenaed by a court; or
2. Suspected or reported risk of harm to self or others (i.e. suicidal or self-harm ideation/plan/intent; homicidal ideation/plan/intent); or
3. Criminal act requiring reporting to the Policing Services; or
4. Current alleged or actual observed abuse, harm or neglect to a client requiring reporting to authorising bodies as per NDIS Practice Standards (this could include, for example, Child Safety/Protection bodies across States and Territories or the NDIS Quality and Safeguarding Commission); or
5. Your prior approval has been obtained to: a. provide a written report to another professional or agency, e.g. GP, school or a lawyer; or b. discuss the material with another person, e.g. a parent, employer or health provider; or c. disclose the information in another way.

Please note ECM are mandatory reporters and obligated to report ALL suspicions and allegations of abuse. GP's require review letters throughout the year that often include a summary of sessions. For those on the NDIS, it is a requirement to provide (at a minimum) a progress report at each review stage.

Medicare and NDIS require review reports throughout the year that often include a summary of assessments and therapy.

### Allied Health Clinical Fees (Private, NDIS, Medicare)

- **Length of Service** -Allied Health Professional consultations/ assessments 30-180 minutes depending on the service to be provided -ranging from phone consultation, telehealth, individual therapy, resource management, individual therapy to assessments and home/school visits.
- **Initial consultations, assessments, and therapy:** \$185.00-\$850.00 (determined by discipline hourly rate or assessment administered) payable at the end of each session.
- **Group Program:** specific to program and charged weekly as per allied health professional clinical rate (available on request)
- **Multidisciplinary report** \$1500.00 -\$2,500
- **Allied Health Professional diagnostic, assessment and progress summary reports** (determined by discipline hourly rate and ranging from 1-15 hours) payable prior to report distribution of the report.
- **Clinical Stakeholder Meeting:** \$120.00- \$270.00 per hour, (determined by discipline hourly rate).
- **National Disability Insurance Scheme:** charges as per NDIS guidelines and charged on an hourly rate
- A **fee schedule or quote** for services can be provided at your request (approximation only).

## ECM Policies and Procedures

I hereby confirm that I am aware that ECM has a range of policies and procedures available on request and/or available on their website [www.ecmonhudson.com](http://www.ecmonhudson.com). ECM strives to ensure that we are compliant and meet all National Legislations, Professionals Code of Conduct, and NDIS Practice Standards. ECM is an approved registered and audited NDIS provider since 2013.

- Zero Tolerance Policy
- Disputes, Feedback and Complaints Policy
- Privacy Policy
- Confidentiality Policy
- Risk Management Policy
- Social Media Policy
- Workplace Surveillance Policy
- Gender Equality, Inclusion and Diversity Policy
- Artificial Intelligence (AI) Policy

## National Disability Insurance Scheme (NDIS) Audit Consent

As a registered National Disability Insurance Scheme (NDIS) provider, ECM must undergo regular reviews of our services and supports.

As an NDIS participant you may be contacted by the Commission to provide input into the audit. However, you can also choose to opt-out of the audit process if you wish. If you would like to opt-out, please indicate below. I do not agree to take part in the routine external audit.

## Educational Case Management: Informed Consent Agreement

As the client/ carer/ legal representative, my signature below indicates that I have a sound understanding of all the rules and responsibilities of both the client and the clinician, in addition to understanding professional fees and ECM policies accessible in clinic and on website. My signature constitutes my agreement and compliance with this document. I, as well as my clinician, will abide by the stipulations listed herein.

### Authorisation

If, after reading this form you are unclear about any of the information provided, please contact Educational Case Management on 0249698060 and ask to speak with Management or a Clinician. Please Note: An Easy Read version is available on request.

Please sign here to give your consent as indicated in this form.

Client Signature:

Date:

If client is under 18 years of age Parent/ Carer/Guardian/Responsible Person:

Name:

Signature:

Date:

Click the submit form button below to email a saved copy of this form this form to our team.