EMERALD MEDICAL GROUP

Big Smiles, Little Steps — Paediatric Physiotherapy

Woo Che | Physiotherapist (B.Phty)
1 Pilot Farm Rd, Emerald QLD 4720 | 07 4986 7400
wseokche@chhealth.com.au

PRIVATE SERVICE AGREEMENT

This agreement is for families choosing to access paediatric physiotherapy services privately. It sets out what services will be delivered, how they will be funded, and the responsibilities of everyone involved.

01 Parties to This Agreement

SERVICE PROVIDER

Emerald Medical Group — Woo Seok Che
1 Pilot Farm Rd, Emerald QLD 4720 | ABN: 61 352 402 068 96

CLIENT (FAMILY)

Child / Client Full Name

Date of Birth

Parent / Guardian Name

Relationship to Child

Parent / Guardian Phone

Parent / Guardian Email

Start Date

02 How Services Are Delivered

Stage 1 — Initial Assessment

Conducted on a Saturday at our clinic or at your child's school. The assessment takes approximately 1.5–2 hours and is followed by a written report.

Stage 2 — Ongoing Therapy

Ongoing therapy sessions are delivered at your child's school where possible — meaning your child receives continuity of care during the school day.

Therapy sessions will be scheduled in consultation with you and your child's school.

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03 Responsibilities

Provider Responsibilities

- Deliver all services with professional skill and care, per AHPRA standards
- Conduct all sessions in a safe, respectful, child-friendly environment
- Provide honest, timely, and clear communication at all times
- Complete and provide a written assessment report following initial assessment
- Develop an individual physiotherapy therapy plan based on assessment outcomes
- Deliver agreed ongoing therapy sessions, including at-school sessions
- Give at least 24 hours' notice if an appointment needs to be changed
- Maintain all clinical records securely per the Privacy Act 1988 (Cth)
- Advise of any fee or service changes with at least 30 days' written notice
- Give 30 days' written notice if necessary to end the service arrangement
- Maintain current AHPRA registration, indemnity insurance, and Blue Card

Client / Parent or Guardian Responsibilities

- Provide accurate and up-to-date information to support your child's care
- Treat the provider with respect at all times
- Communicate any concerns, health changes, or circumstance changes promptly
- Provide at least 2 business days' notice to cancel or reschedule
- Ensure your child attends scheduled sessions on time, or notify as early as possible
- Notify the provider if you wish to end or pause the service arrangement
- Provide written consent before any assessment is conducted or reports shared
- Pay invoices by end of each session or within the agreed timeframe
- Provide updated health fund details if applicable

04 Appointments & Cancellations

Scheduling. Appointments arranged directly with you following receipt of this signed agreement. Saturday clinic dates confirmed in advance.

Cancellations. Please give at least 2 business days' notice. Cancellations with less notice or non-attendance will incur a cancellation fee equal to the full session cost.

At-School Sessions. Where therapy is delivered at school, the class teacher and wellbeing coordinator will be notified of session times.

05 Privacy & Confidentiality

All personal and health information is handled in accordance with the Privacy Act 1988 (Cth), the Australian Privacy Principles, and the Information Privacy Act 2009 (Qld). Information will not be shared without your prior written consent.

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06 Ending This Agreement

Either party may end this agreement by providing 30 days' written notice. The agreement may be ended immediately if either party seriously breaches its terms, or if clinical circumstances indicate physiotherapy is no longer appropriate.

07 Feedback & Complaints

Step 1. Speak directly with Woo Che or contact our Practice Manager at practicemanager@chhealth.com.au.

Step 2. If not resolved, contact the Office of the Health Ombudsman (QLD): oho.qld.gov.au or 133 OHO (133 646).

Step 3. You may also contact the Physiotherapy Board of Australia via AHPRA: ahpra.gov.au or 1300 419 495.

08 Fees & Payment

All fees are payable by the parent or guardian. Payment is due at the time of service unless otherwise agreed in writing.

Service	Format	Fee	Payment
Paediatric Motor Assessment (Private)	~1.5–2 hrs	$772.77	Due by end of session
Cancellation Fee	<2 business days	100% fee	Charged to account
Ongoing Therapy Sessions	1 hour	$257.59	Due at time of service
Travel (where applicable)	As required	TBD	Discussed prior to service

09 Goals & Expectations of Support

This agreement supports the following goals identified through the initial assessment:

Goal 1:

Goal 2:

Goal 3:

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10 Attachment 1 — Schedule of Supports (Private)

Support	Description	Fee / Payment	Notes
Initial Paediatric Motor Assessment	Structured assessment ~2 hrs. Includes clinical report.	$771.57	Payment due at end of session. Approx. 4 hrs total.
Cancellation Fee	Applies when cancelled < 2 business days before appt.	$193	Charged to account.
Ongoing Therapy Sessions	Individual sessions per therapy plan.	$257.69/hr	Due at time of service.
Travel	Where clinician travels to school or agreed location.	$1.66/km	Discussed prior to service

11 Agreement Signatures

By signing below, both parties agree to the terms of this Private Service Agreement. This agreement is valid for 12 months from the date of signing.

Parent / Guardian / Client Representative

Full Name: _____

Signature: _____

Date: _____

Provider — Woo Seok Che

Full Name: _____

Signature: _____

Date: _____

Name of Trusted Person (if applicable): _____

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PRIVATE SERVICE AGREEMENT — OFFICE USE

This consent is valid for 12 months and will be reviewed at your request, or after 12 months.

FOR EMG OFFICE USE ONLY

Date received	Received by	Appointment date	Clinician

Parent contacted: ☐ Yes ☐ No

Appointment booked: ☐ Yes ☐ No