EMERALD MEDICAL GROUP

Big Smiles, Little Steps — Paediatric Movement Screening Program

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

FORM A — Information & Consent · Paediatric Physiotherapy Services

As part of providing a physiotherapy service to your child, Emerald Medical Group needs to collect and record personal information from you — such as your child's name, contact information, medical history, and other relevant information. This collection of personal information is a necessary part of the physiotherapy assessment, plan and therapy plan that is conducted.

Physiotherapy Services

The provider agrees to deliver:

- Paediatric movement screening assessment
- Functional motor skill assessment
- Written reports (if applicable)
- Communication with parents/guardians, school and other medical professionals (with consent)
- Recommendations for further management

Service delivery model:

- Initial appointment at Emerald Medical Group (Saturday — Big Smiles, Little Steps clinic)
- On-site at school where applicable for continuous therapy sessions
- Scheduling to be coordinated between school and Emerald Medical Group

Your child will be required to complete the assessment independently with the physiotherapist. Parents or guardians will be involved in the initial intake for the first 30 minutes. Following this, they may wait in the reception area or remain present as agreed at the time of assessment, depending on the child's individual needs.
At times some children will require a second appointment to complete the assessment. This will be arranged with Woo Seok Che at the time of the initial appointment at no extra cost — this is inclusive to the assessment cost.

Purpose of Collecting and Holding Information

The personal information is gathered as part of your child's assessment, is kept securely and — in the interests of your privacy — used only by Emerald Medical Group. The personal information is retained to document what happens during sessions and enables the physiotherapist to provide relevant and informed physiotherapy services to your child. This is stored on a secure clinical system, Best Practice, and is subject to their privacy policy (please see their website for further details).
If your child has NDIS funding, please ensure you provide Emerald Medical Group with the plan as it will assist Physiotherapist Woo to complete a comprehensive assessment.

Duration of Consent

I understand that this consent remains valid for the duration of care with Physiotherapist Woo Seok Che at Emerald Medical Group, unless I choose to withdraw it in writing.

Confidentiality

All matters discussed in the sessions are treated with the strictest confidence in accordance with the Privacy Act and Clinical Confidentiality standards. All notes relating to therapy are stored as a secure record, only accessible to staff at Emerald Medical Group.

If requested, your general practitioner or specialist can receive the end report, recommendations and continuous therapy recommendations. All written and verbal correspondence will be treated with strictest confidence.

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Fees

Services are billed either directly to parents/guardians or to Plan Managers via NDIS (if applicable).

- If you have a valid GP Care Plan, you may receive a rebate (~$61.30), reducing your out-of-pocket cost.
- Private Health: rebates depend on your level of cover. Please check with your insurer.

Schools are not financially responsible for this service provision.

Cancellation Policy

When appointments are booked the physiotherapist reserves an hour and a half for you and your child. If you need to cancel or postpone your appointment, please give Emerald Medical Group as much notice as possible. If you provide less than 2 business days' notice — or do not attend without notifying the physiotherapist — you will be charged up to 100% of the scheduled session fee.

Late cancelled or unattended appointments will be charged directly to your account, to the encrypted credit card details stored, or invoiced to the plan manager. No further appointments can be booked if you have an outstanding account.

If you fail to attend two consecutive appointments without notifying Emerald Medical Group you may be charged the full amount for the services that would have been delivered.

A late cancellation, late reschedule, or failure to attend is a loss to three people:

1) The client, who is delaying their own assessment and therapy sessions.
2) Another client who has been sitting on the waitlist to see the physiotherapist.
3) The physiotherapist who spent time preparing, set aside calendar time, and lost income.

We trust you understand the rationale of this policy and agree it is fair and reasonable. Given that time has been set aside for you, if you do not use it at short notice it is unlikely to be used by someone else. We thank you for your understanding.

Terms & Conditions — Summary

Duration of Consent: This consent remains valid for the duration of care with Physiotherapist Woo Seok Che unless withdrawn in writing.

Confidentiality: All session matters are treated with strictest confidence per the Privacy Act and Clinical Confidentiality standards.

Report Sharing: Written reports may only be shared with nominated professionals upon written request and with your consent.

Cancellation: Less than 2 business days' notice or non-attendance may incur up to 100% of the session fee.

NDIS Funding: If your child has NDIS funding, please provide EMG with the plan prior to assessment.

Fees: Billed directly to parents/guardians or plan managers. Schools are not financially responsible.

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Agreement

I, _____ , parent / guardian of _____

agree to the terms and conditions set out in this document.

Parent / Guardian Contact Details

Parent / Guardian Name

Relationship to Child

Child's Full Name

Child's Date of Birth

Phone Number

Email Address

NDIS Number (if applicable)

NDIS Plan Date

Funding Type (tick one):

☐ Self-managed ☐ Plan Managed ☐ NDIA Managed ☐ Private

Acknowledgement of Terms & Conditions

☐ I have read, understood and accept the Terms & Conditions set out in this document.

Parent / Guardian Electronic Signature

Type your full name in the signature field below. Under the Electronic Transactions Act 1999 (Cth), this typed name constitutes your electronic signature.

Electronic Signature (type full name)

Date Signed