

HOW TO CANCEL YOUR APPOINTMENT

To avoid a cancellation fee please notify us by phone or e-mail at least 48 hours (excluding weekends and public holidays) prior to your appointment. The telephone number for the practice is 1800 779 243. Any cancellation made after 5pm on a business day will be counted as a next day cancellation.

CANCELLATION FEES

When does the cancellation fee apply?

We require a minimum of 48 hours notice (excluding weekends and public holidays) for cancellations. When less than 48 hours (excluding weekends and public holidays) is given of cancellation, or an appointment is missed without notice, a cancellation fee will be charged. (E.g. an appointment at 2pm on a Monday would have to be cancelled before 2pm on the previous Thursday). Any cancellation made after 5pm on a business day will be counted as a next day cancellation.

How much is the cancellation fee?

If you cancel your appointment less than 48 hours (excluding weekends and public holidays) prior to your appointment, a cancellation fee of \$50.00 will be charged to cover the administration costs of rescheduling and reallocating your appointment.

Cancellations with less than 24 hours notice (excluding weekends and public holidays) will be charged at the full consultation fee for that service, i.e. the full cost of the appointment. Non-attendance without advance notice (“no-show”) will also be charged at the full consultation fee. Cancellation fees are not reimbursed by Medicare, i.e. no rebate is given.

What happens if I cancel late, or do not attend, my appointment?

If you do not attend your scheduled appointment with less than 24 hours notice (excluding weekends and public holidays) or do not give notice, further appointments may not be offered. In this case we would inform your general practitioner and offer suggestions of other providers. We would expect you to book in to see your GP as soon as possible to discuss your care.

PRIVACY STATEMENT

To comply with the Privacy Act 2001, all patients need to provide written consent for the following aspects of their medical care:

- I agree that Dr Gordon Hyde takes a full medical history that relates to my medical condition and management
- I agree that relevant information may be obtained from other medical practitioners, such as GP’s and specialists, other health care providers, pathologists and hospitals as necessary.
- I agree that Dr Gordon Hyde may discuss my medical history, diagnosis and management with my GP and other relevant specialists in relation to my medical management.
- I understand that I may apply to access my health records.

PATIENT NAME

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PATIENT

SIGNATURE.....DATE.....