

# PATIENT DISCLOSURE FORM

## INITIAL CONSULTATION

**Total Cost:** \$400 (<1hr)

If consultation exceeds 1hr, additional \$50 cost to the above applies.

Rebates applied depends on complexity.

MBS item claim code:  
110: \$151.90 Rebate Estimate  
132: \$265.60 Rebate Estimate

Full Cost Upfront Payable on the Day.

face-to-face

Telehealth

Initial Appointments are expected to be 45 minutes in duration.

## REVIEW CONSULTATION

**Total Cost:** \$200 (<30min)

If consultation exceeds 30min, additional \$50 cost to the above applies.

Rebates applied depends on complexity.

MBS item claim code:  
116: \$76 Rebate Estimate  
133: \$133 Rebate Estimate

Full Cost Upfront Payable on the Day.

face-to-face

Telehealth

Phone

Telehealth or face-to-face appointments are the same charge.

## ONLINE – VIDEO APPOINTMENTS

The practice provides online appointments, providing flexibility and availability. Costs for telehealth appointments are the same cost as face-to-face appointments.

Full Cost Upfront Payable on the Day (Invoice Sent Via Email After Appointment)

MBS item claim code:  
91824: \$151.90 Rebate Estimate  
91825: \$76 Rebate Estimate  
92422: \$265.60 Rebate Estimate  
92423: \$133 Rebate Estimate

Telehealth or face-to-face appointments are the same charge.

## REPEAT SCRIPTS

It is recommended that you obtain your repeat scripts from your GP. We would encourage you to regularly see your GP in-between your specialist appointments.

If it is not possible to see your GP for the script, repeat scripts can be requested by telephone or email with a fee of \$20 for the medication.

Please allow at least 1 - 3 days for requests to be processed.



## MEDICARE REBATES

You're required to pay the total cost at the time of your consultation, where applicable Medicare rebates are lodged following your appointment, reducing your out-of-pocket expense.

Medicare Rebates not applicable if you are overseas at the time of a TeleHealth Appointment.

Please Note, MBS Rebate amounts are declared as Estimates Only, please confirm with Medicare Directly as amounts may change from time to time.

## DOCTOR ATTENDANCE – PHONE

**Total Cost:** \$200

Phone only consultations are billable where Doctor discusses results or other minor attendance.

Depending on complexity the following Medicare Rebates may apply.

116: \$76.00 Rebate Estimate  
119: \$43.35 Rebate Estimate

Full Payment due at time of appointment. Applicable Medicare Rebates lodged after upfront payment of your appointment.

# PATIENT DISCLOSURE FORM



## Patient Informed Consent

### Notice:

Before we proceed with your appointment, I want to inform you about an important aspect of how we document our consultations. We utilize a note taking tool called Heidi to accurately and efficiently capture the details of our discussions and the outcomes of our appointments. Heidi ensures that we can focus more on our conversation and less on manual note taking, enhancing the quality of care you receive.

Your consent is crucial for us to use this technology. Please understand that your information will be handled with the utmost care, and Heidi's use is aimed solely at improving your healthcare experience.



### What you need to know

#### 1. Purpose of Heidi

- Heidi is used to assist with documenting your consultation, capturing only what is necessary for accurate medical records.
- Heidi supports but does not replace your clinician's professional judgment. All medical decisions are made solely by your clinician.

#### 2. Purpose of Heidi

- Your data is processed and stored in your jurisdiction and in accordance with applicable privacy laws.
- None of your data is used for secondary purposes.
- Data undergoes a rigorous de-identification process to remove personal identifiers.
- Data is handled securely, with encryption and regular audits to ensure compliance.

#### 3. Your rights:

- You can choose to opt-out of the use of Heidi during your consultation.

For more information  
visit [heidihealth.com](https://heidihealth.com)



# PATIENT DISCLOSURE FORM

By signing this consent form, agree to the following:

1. You have read the contents on this webpage: [www.hormonalhealth.com.au/consent](http://www.hormonalhealth.com.au/consent)
2. You have read in full this PDF Document and understand the cost of service and use of Heidi (Ai note taking), and presence of Video Surveillance of the Reception area.
3. You understand the cost of service, and failing to pay invoices will result in restriction of future service.
4. You understand how your information will be handled, stored and protected.
5. You agree to allow your clinician to use Heidi to assist with documenting your consultation, you may withdraw your consent of Heidi at any time without affecting the quality of your care.
6. You acknowledge that following your initial appointment, both your referring Medical Professional and yourself will be provided with the letter of attendance, that this letter is password protected and accessible with your password for 30 days only.
7. You may request your letters of attendance in person as printed copies at no charge.
8. If you request letters sent via email after 30 days from attendance, this is at your risk as files are not encrypted, before the practice sends letters at your request, you will be required to sign a practice liability waiver, as there is a risk of cyber attacks if files are sent via email.

Name .....

Date .....

Signature .....

## FURTHER INFORMATION

Book / Adjust



Telehealth Link



Patient Info

