NeuroThrive Paediatric Health

Patient Agreement, Policies, Procedures, Terms and Conditions, and Consent

1. Purpose

This document outlines the policies, procedures, terms, and conditions governing the delivery of counselling, naturopathy, and animal assisted therapy (AAT) at NeuroThrive Paediatric Health ("the Clinic"). It also sets out the reasonable expectations of both the Clinic and the patient ("the Patient"). The purpose of this Agreement is to ensure that services are delivered safely, ethically, and professionally, while protecting the rights of all parties.

2. Policy and Procedures

2.1 Policy Statement

NeuroThrive Paediatric Health is committed to providing safe, ethical, and evidence-informed services. The wellbeing of patients and therapy animals is upheld at all times, and services are delivered in accordance with legal and professional obligations.

2.2 Legislative and Professional Framework

This policy complies with:

- **Privacy Act 1988**
- **Health Practitioner Regulation National Law Act 2009**
- **Australian Counselling Association (ACA) Code of Ethics and Practice**
- **Australian Natural Therapists Association (ANTA) Code of Professional Ethics**
- **Animal Welfare Act 1999** and **Code of Practice for the Welfare of Dogs 2018**

NeuroThrive

2.3 General Procedures

- **Informed Consent:** Patients are provided with clear information about services before commencing care. Consent may be withdrawn at any time.
- **Confidentiality:** All personal information is treated as confidential except where disclosure is required by law (e.g., risk of harm, mandatory reporting, court subpoena).
- **Record Keeping:** Accurate and contemporaneous clinical records are maintained and securely stored for at least 7 years, or until a minor reaches the age of 25.
- **Professional Competence:** Practitioners maintain qualifications, professional memberships, and ongoing professional development.
- **Complaints:** Patients may raise concerns directly with the Clinic. Complaints are investigated and may be escalated to external regulators if required.
- **Insurance:** The Clinic holds professional indemnity, public liability, and animal assisted therapy cover.

2.4 Animal Assisted Therapy Procedures

- **Animal Selection:** Therapy animals are temperament-tested, trained, and approved by Therapy Dogs Australia.
- **Client Suitability:** Each patient is assessed for suitability, taking into account allergies, fears, mental health, and medical history.
- **Animal Welfare:** Therapy animals are provided with appropriate food, water, rest, and veterinary care. Facilities are maintained to high hygiene standards.
- **Handler Competence:** The therapist, also the animal handler, is trained in both their professional field and animal assisted therapy practice.

3. Patient Agreement

3.1 Engagement in Treatment

- Patients are expected to actively engage with treatment recommendations, which may include dietary, lifestyle, herbal, or supplement advice.
- These recommendations are made with clinical consideration for effectiveness and safety.
- Costs of supplements or testing are separate from consultation fees.

3.2 Communication

- Queries should be raised during consultations.
- Urgent concerns (such as side effects or prescription clarification) must be directed to the Clinic by phone **0415 622 231** or email **hello@neurothrive.com.au**.
- Non-urgent queries outside consultation times will be responded to within a reasonable timeframe. Patients are asked to respect practitioner availability.

3.3 Practitioner Obligations

- Practitioners will act in accordance with ethical codes and legal obligations.
- If treatment is not being prioritised by the patient, the practitioner reserves the right to refer to another provider.

3.4 Fees and Payments

- Full payment for consultations, testing, and prescribed supplements/herbal medicines is required at the time of the appointment unless otherwise arranged in writing.
- Fees are non-refundable once a consultation has been completed.

4. Cancellation and Rescheduling Policy

- Appointments must be cancelled or rescheduled with at least **48 hours' notice**.
- Cancellations made within 48 hours may incur a **50% cancellation fee**. Cancellations made within 24 hours may incur a **100% cancellation fee**.
- Non-attendance without notice ("no-show") will result in the full consultation fee being charged.
- In cases of non-attendance, the Clinic will attempt to contact the patient and issue a follow-up email. If there is no response within 24 hours, the full consultation fee will apply.
- Consideration will be given in cases of medical or family emergency.

5. Terms and Conditions

By engaging services with NeuroThrive Paediatric Health, you agree to:

1. Attend scheduled appointments on time.

2. Provide accurate and complete health information, including medications, allergies, and changes in circumstances.
3. Understand that services are provided within the practitioner's professional scope and do not replace medical care.
4. Maintain communication with your primary healthcare provider where relevant.
5. Pay all fees as outlined in Section 3.4 and Section 4.
6. Respect that the Clinic may discontinue services if consent is not provided, terms are breached, or if referral is deemed in your best interest.

6. Privacy and Confidentiality

- All clinical records and personal information are stored securely in compliance with the **Privacy Act 1988 (Cth)**.
- Information will not be released to third parties without written consent, except where required by law.
- Where a subpoena is issued, the practitioner will make reasonable attempts to notify the patient prior to disclosure.

7. Consent

Consent Statement
You are under no obligation to consent to these terms, policies, and procedures. Consent is voluntary and may be withdrawn at any time. Should you choose not to provide consent, or if you withdraw consent, your practitioner will discuss alternative options for your care and may provide referral to another provider.

By providing consent, you acknowledge that:

- You have read, understood, and agree to the policies, procedures, and terms contained in this document.
- You understand your rights, including confidentiality and the ability to withdraw consent.
- You consent to engage in services at NeuroThrive Paediatric Health in accordance with this Agreement.