

# PATIENT CONSENT FORM

Please read through the following information carefully and sign to indicate you understand and agree to these policies.

## Fees

Campbell Medical Practice is a private billing practice. All fees are payable at the time of consultation. Telehealth appointments are charged at the same rate as face-to-face appointments.

## Late Arrival

More than 5 minutes late to a scheduled appointment means you've missed your appointment, you will not be able to see the doctor and your appointment will be rescheduled.

## Non-Attendance

If you miss an appointment this will be noted in your file. A non-attendance fee will be charged according to appointment length.

**Non-attendance fees are as follows: Standard \$50, Long \$85, Extended \$110.**

*Fee will need to be paid BEFORE another appointment is able to be booked.*

## 24hr Cancellation policy

We require 24 hours notice to cancel or reschedule any appointments. Failure to give adequate time will result in a late cancellation fee charged at the same rate as non-attendance fees (see above).

## Privacy Policy

Campbell Medical Practice may be required to collect personal information about you (or your child/dependent). Your personal health information may be disclosed to others involved in your healthcare, such as other doctors and health care providers. Further information on how Campbell Medical Practice collects and uses your health information can be found in our privacy policy, available at front reception.

# CONSENT

By signing this form, I acknowledge the above policies of Campbell Medical Practice:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

(Patient / Parent / Guardian)

Print Name: \_\_\_\_\_

DOB: \_\_\_\_\_