



## **Information & Consent to Services**

### **Natural Health Consultations**

I understand that the treatment is used to strengthen and support overall health and wellness. Any prescribed remedies and nutritional suggestions can serve as an excellent adjunct to a medical doctor's treatment, but are not a substitute for that treatment. Complementary medicine can neither diagnose nor treat disease.

### **Risks/Possible Side Effects/Healing Response**

Historical records and modern research indicate that the natural health prescriptions most often used for healthcare have an exceptional safety record. However, adverse events can occur after using any active substance. Side-effects that have occasionally been reported include headaches, skin rashes and digestive upsets. Such responses usually resolve rapidly. Allergic reactions, although very rare, have been reported. Should adverse reactions occur, I agree to contact my practitioner.

### **Herb/Nutrient Drug Interactions**

It is my responsibility to fully disclose any medications currently in use, including other herbs and supplements, so that I can be offered informed advice. Any suggestion that the effect of a drug is being altered by my treatment should be reported directly to all health professionals involved.

### **Toxicity**

I understand that my practitioner will prescribe within safe guidelines. The organs that are most vulnerable to any potent substances are the liver and kidneys, and I will divulge any previous history of disease in either of these organ areas. Nutritional and herbal medicine should not be used in pregnancy or lactation without expert advice. If I become pregnant I will stop taking any prescribed herbs/nutrients until advice is received.

### **No Guarantees**

I know that each person is unique and has ultimate responsibility for his or her own healthcare. I acknowledge that I have not received any guarantees or promises as to the results or success that will be



obtained from the services provided.

### **Client Responsibilities**

I understand that it is my responsibility as a client to inform my practitioner of all aspects of my health and that, as service progresses, to inform my practitioner of changes that occur. I will inform my practitioner if I am pregnant and/or suspect pregnancy at any time.

### **Medical Treatment**

I realize this consultation is not a substitute for a medical doctor and my practitioner will not suggest that I discontinue treatment. I understand that if I am currently under a physician's care, I should continue as long as my physician deems necessary. It is my responsibility to consult with my physician before altering any medications or medical treatments. I am free to consult a medical doctor or any other licensed practitioner at any time. I understand also that if there is an emergency, or worsening of my health condition, or new ailment that arises, that I should consult a licensed physician.

### **Confidentiality**

I understand that withholding information can hinder my treatment, and that anything I disclose to my practitioner will be kept in confidence. Exceptions to this can arise if I disclose that I am a risk to myself or others, in which case my practitioner may alert relevant authorities.

### **Complaints**

If you are not happy with any aspect of your treatment, you should first raise the matter with your practitioner. Should you still not be satisfied with the outcome, you may contact the association/s of which your practitioner is a member, as they serve to represent both practitioners and the public. If you are still not satisfied, you may contact the relevant Healthcare Complaints Commission for your state.



## Privacy Policy

Your health records will be used and disclosed by Hummingbird Health Space under the conditions of the Privacy Amendment (Private Sector) Act 2000 and the 13 Australian Privacy Principles (APP). The Privacy Amendment (Private Sector) Act 2000 extends the operation of the Privacy Act 1988 to cover the private health sector throughout Australia. The APP governs the way the clinic collects, uses, discloses and secures information about you.

Personal Information may include your name, date of birth, contact details, education, health insurance, health history, health records and correspondence.

Hummingbird Health Space does not disclose or provide your information to any external organizations, except for the purposes of referral for clinical tests if required. Access to your personal health records is available by making written application to this clinic and may take up to 30 days to provide this information to you in accordance with the APP.

The information that we collect about you allows us to:

- Maintain an up-to-date client database.
- Gather statistical data and to research information to improve the services and products we supply.
- Provide necessary systems and infrastructure to service members.
- Develop policies and management plans for the efficient management of the clinic. If you wish to lodge a complaint concerning our privacy policy and handling of your health records, please first address your complaint to our clinic for direct resolution. In the event that your complaint is unable to be resolved by our organization, you can then escalate your complaint to the Privacy Commissioner at the Office of the Federal Privacy Commissioner for final resolution.



## **Cancellation Policy**

### **24 Hours Policy**

If for some reason, you need to cancel or reschedule your appointment, please do so no later than 24 HOURS prior to your appointment time.

Failure to ring, sms or e-mail the clinic about your cancellation will incur 100% of the fee paid upon booking. This will not be refunded nor will it be credited for an alternative future time.

In the event you are running late to a scheduled appointment, please notify the clinic immediately as we cannot extend your consult and this will result in a shorter session time.

If you are running late and for some reason, you cannot notify the clinic promptly, the practitioner will wait for a maximum of 15 minutes. Failure to attend the session after this 15 minute time delay will also incur a 100% cancellation fee (amount paid upon booking) and you will be required to reschedule for an alternative time in the future.

Please be aware that failure to comply with the specified conditions outlined in this policy will result in a financial penalty to the client and so we respectfully ask that you understand these conditions in order for us to help each other as best as possible.

I have read this form and acknowledge that the purposes, goals, potential risks and benefits of service(s) to be performed have been explained to me by my practitioner. All client records collected by Hummingbird Health Space are maintained in accordance with the Privacy Amendment (Private Sector) Act 2000 and the 13 Australian Privacy Principles (APP) as per our Privacy Policy statement below.

I am free to ask my practitioner questions about proposed services, consent form and other pertinent information and have received satisfactory explanations. I understand that I am free to discontinue this service at any time.