

# Road 2 Recovery

Specialist Mental Health Services

1/19 Norwood Crescent Moonee Ponds VIC 3039

P: 03 9109 9648

F: 03 9109 9649

E: [helpdesk@r2rhealth.com](mailto:helpdesk@r2rhealth.com)

## Information Sheet on Medical Consultation with a Consultant Psychiatrist

My name is Dr Ravi Srinivasaraju and I am a registered medical practitioner with AHPRA registration number MED0001131909. I am a Fellow of Royal Australian and New Zealand College of Psychiatrists (RANZCP) and registered to practice medicine as Consultant psychiatrist. I hold memberships of various national and international psychiatric professional associations.

For further details of myself and my areas of specialization, please visit the website: [www.r2rhealth.com](http://www.r2rhealth.com)

**Information collection and storage:** I gather information for your mental health assessment, diagnosis and treatment process. This information is stored to document what happens during your consultations. It also enables the provision of a relevant service. This information is stored electronically and strictly protected maintaining your privacy and confidentiality to the best practice standards.

I am required to ensure the confidentiality of the information that you provide. This information may only be disclosed under one or more of the following circumstances:

- You have given consent for your information to be provided to another person or agency (e.g. to a family member or to another professional/organisation);
- We have a legal obligation to provide information about you (e.g. if your information is requested under law);
- I have a clinical obligation to provide information if you are at imminent risk of harm either to yourself or to another person.

### **Financial disclosure for clinical consultations:**

Consultation types	Total Cost	Medicare rebate	Gap fee
Item 296 (First consultation)	\$ 400.00	\$228.20	\$171.80
Item 304 (Short follow-up)	\$ 200.00	\$116.70	\$83.30
Item 306 (Long follow-up)	\$ 250.00	\$161.00	\$89.00
Item 291 (MH Care plan)	\$500.00	\$396.80	\$103.20
Item 348/352 (Family consult)	\$111.10	Bulk Billed	Nil
<b>WorkCover/TAC/DVA</b>	<b>Invoices as per standard rates, no gap fees</b>		
Copy of Medical records	\$ 300.00 + GST	Not applicable	Not applicable
Certificates – Centrelink or VicRoads	\$ 300.00 + GST	Not applicable	Not applicable
Medical Reports for WorkSafe VIC or ACCS or Private Solicitors	~\$2000.00 + GST*	Rates may vary based on the amount of content requested.	

**Cancellations:** Helpdesk will call or send you a text message a few days prior to your scheduled appointment. Please provide me sufficient notice of ~24 hours if you are not able to attend or need to reschedule your appointment. A cancellation fee of \$50.00 may apply for non-attendance at or cancellations on the day of your scheduled appointment.

**Crisis Management:** If you experience an emergency or crisis situation, it is important that you access appropriate mental health supports. I may not always be able to provide this between our scheduled appointments. Please contact your GP clinic or 000 or emergency mental health triage on 1300 874 243 for immediate assistance.

**Note:** Helpdesk phone is not always attended. Please leave a voicemail with your name and contact details or send us an email and a team member will get back to you in the next business day or asap.

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## Consent Form

### **Consultation cost and other fees:**

- The cost of consultation is payable at the end of each consultation by either credit card or debit card. This payment will be processed after each consultation and a receipt shall be emailed to you on registered email account. If you choose to pay by credit card, this information will be stored on your file. Note: If you choose to pay by credit or debit card, you are responsible for ensuring that your account details are up-to-date, linked to medicare rebate services and sufficient funds are available in your account. An additional processing fee of \$4.00 will be charged for rejected transactions.
- You will receive a rebate/refund from Medicare. This will be directly deposited into the bank account you have registered with Medicare.
- A fee of \$50.00 may apply for non-attendance at or cancellations on the day of your scheduled appointment.

### **Personal Details:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email ID: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Card No: \_\_\_\_\_ Ref No: \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Healthcare/Pension Card No: \_\_\_\_\_

### **Credit Card Details:**

Name on card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express

Credit Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

### **Consent for Psychiatric Services**

I, (Patient/Guardian) \_\_\_\_\_ have read and understood the information discussed with me and provided in this document. I agree to these conditions and for mental health services to be provided by Road 2 Recovery Specialist mental health services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

After reading this information sheet or consent form, if you are unsure of what has been detailed, please discuss this with our helpdesk prior to providing consent. Kindly handover/fax/email the Page 2 of this consent form prior to your initial consultation.